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A Process Evaluation of the Therapeutic Community Initiative at the Illinois Department of Corrections' Illinois Youth Center-St. Charles

Final Report

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FINAL REPORT

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EXECUTIVE SUMMARY

As part of the Violent Crime Control and Law Enforcement Act of 1994, Congress provided funding for the development of substance abuse treatment programs in state and local correctional facilities via the Residential Substance Abuse Treatment (RSAT) for State Prisoners Formula Grant Program. To be eligible for this funding, programs were required to last between 6- and 12-months, be provided in residential treatment facilities set apart from the general correctional population, be directed at the inmate's substance abuse problems, and be intended to develop the inmate's cognitive, behavioral, social, vocational, and other skills to address substance abuse and related problems.

This Executive Summary, and the larger evaluation report from which it is drawn, provide the findings from an evaluation of an RSAT-funded program located at the Illinois Department of Corrections' youth center in St. Charles, Illinois. The purpose of this evaluation was to examine the program's implementation, and to describe why and how the St. Charles' youth treatment program was designed, implemented, and operates. To a lesser degree, attention also was directed toward examining the effects of program participation on offender pre-release behavior, considered a preliminary indicator of program impact¹.

The IYC-St. Charles RSAT program did not become operational until September 30, 1999. Although the award to operate the program had been received years earlier, it was delayed due to contract disputes among the Illinois Department of Corrections,

¹ A follow-up study directed toward the assessment of longer-term impacts was anticipated. As such, the evaluation design was formulated accordingly. However, at the time this report was completed, such funding was unavailable.

the treatment provider, and Illinois' state office designated to administer the grant funds, i.e., the Illinois Criminal Justice Information Authority. This was especially unfortunate as the St. Charles RSAT program had generated nationwide interest because its treatment efforts were directed toward a youth population and offered within the context of a therapeutic community (TC).

Study Methodology

This study followed a process evaluation design as its focus was on determining how a product or outcome (i.e., the Setlen program) is produced, rather than on assessing the product or outcome itself. Embedded within this focus, attention was placed on providing IDOC administrators and program staff with on-going feedback, allowing them to review program development and make needed operational changes (i.e., formative design approach).

Data Collection Efforts

To obtain a portrait of the Setlen program, both primary and secondary data collection efforts were accomplished. Information was collected from three sources -- program administrators and staff, youth participants, and youth files. To supplement this information, internal memorandum, working papers, and other documents involving the Setlen program also were collected. Table 1 presents the five primary sources of data.

Table 1: Data Collection Efforts: Sources and Purpose

Data Sources	Focus of Data Collection Efforts
<p>Program Staff Interviews¹</p> <ul style="list-style-type: none"> • Pre-program expectations (N=18) (August/September, 1999) • Post-graduation of 1st cohort evaluation (N=16) (May/June 2000) 	<p>The questions posed during the initial series of interviews were tailored around issues of program planning, development, purpose, and expectations whereas the second round of interview questions focused on program operation, strengths and weaknesses, and evaluation.</p>
<p>Program Staff Survey</p> <ul style="list-style-type: none"> • Assessment of operation (N=11) (Feb 2000) 	<p>The survey asked respondents to preliminarily evaluate program operation and assess communication and cooperation between the IYC and contractual staff.</p>
<p>Youth Survey</p> <ul style="list-style-type: none"> • Pre-program expectations (N=38) (October 1999) • Post-program evaluation (N=25) (April 2000) 	<p>The questions posed during the first youth survey asked youth about their prior drug and/or alcohol usage, whether they believe the need treatment, if they previously had been in treatment, and what they think, if anything, they would get out of the program. The second survey focused on questions pertaining to what the youths liked, disliked and would change about the program. Additional attention was focused on the actions of program staff, including both contractual and IYC employees.</p>
<p>Youth Focus Groups</p> <ul style="list-style-type: none"> • Assessment of operation (N=35) (December 2000) 	<p>Youths were asked to discuss seven questions, from whether they believe this program was helping any of their peers, to what they thought of the staff working on the unit (both contractual and IYC staff members).</p>
<p>Information About the Youths</p> <ul style="list-style-type: none"> • Master File Review (N=44) (October 1999 through April 2000) • Treatment File Review (N=44) (June 2000) • Institutional Behavior Info.² (N=43) (July 1999 through June 2000) 	<p>From each youth's master file, several types of data were gathered including demographic, social history, prior drug usage, criminal history, and institutional behavior information. Data also were collected from the treatment provider included youth progress in treatment, their discharge review, and their proposed continuing care discharge plan. Finally, information was collected about the youths' behavior while in the institution prior to, during, and after program completion.</p>

¹ Five other individuals, not directly affiliated with the Setlen program, also were interviewed.

² Two types of behavior information were collected. Information, from one or both sources, was gathered for all but one of the youths assigned to the treatment program.

Program Design

The treatment program's foundation rested on a philosophy of individual accountability, social responsibility, awareness building, and lifestyle change. Treatment was separated into four phases, and included 6 months of programming. Coordination with field services staff to ensure the development of comprehensive aftercare plans, developed in consultation with community resources, was included in the program's design.

As structured by Interventions, the private treatment vendor contracted to provide the program, the Setlen program included various features typically found in TCs, including group meetings, individual therapy, community jobs, the use of "house tools" and terminology (i.e., a unique language), and an authority structure affording certain youth a considerable amount of input in community management and discipline. However, missing from the Setlen program were any design modifications recommended in the literature when dealing with incarcerated and/or adolescent clients.

Program Implementation

As stated above, the initiation of the treatment program was delayed considerably. A contract was signed on May 20, 1999, more than 19 months later than originally anticipated. The program was implemented approximately 4 months later (September 30, 1999). Meetings between IDOC and Interventions occurred throughout the summer months to work on program details and training materials. In addition, interviews with key stakeholders indicated that IDOC staff met regularly to discuss various aspects of the program, most importantly scheduling needs and security concerns. Further, IDOC program administrators maintained that all IDOC staff affiliated

with the program was provided the opportunity to participate in meetings and offer input and suggestions regarding the program's design and/or structure. Also prior to program implementation, considerable effort was directed toward training all IDOC staff assigned to the Setlen program, security staff in particular as they would be the most intimately involved with the program.

Although the contracted vendor maintained that it was putting forth effort toward program planning and start-up in its contacts with IDOC administrators, delays in hiring program staff members caused concern for the IDOC. The program manager was the first Interventions staff member to come on board. Her hiring occurred approximately 75 days after the contracts were signed. Among the four counselors, two were hired 17 days prior to program implementation and one 39 days after program implementation)².

As indicated by the program's name, the program was placed in the Setlen "cottage," one of several housing units on the grounds of St. Charles Youth Center.³ The cottage houses 86 youths, 44 on the bottom floor (Setlen A) and 42 on the top floor (Setlen B). In order to ease into program operation, it was decided that Setlen A would open first. However, the opening of Setlen B never occurred during the evaluation period.

The Setlen Youth

The typical Setlen youth was approximately 16 years old, non-Caucasian, and from northern Illinois. Despite his age, he had less than a tenth grade education. He

² The fourth position was never filled during the first year of program operation and it was decided to make the program manager a full-time position with counseling responsibilities.

³ Although IDOC uses the term cottage to describe IYC-St. Charles' housing units, this building is a two-story brick structure. It is the oldest actively used housing unit at this facility.

rarely lived with both parents, and most often resided with his mother. He frequently did not know where his father was, or his father was deceased. He typically was gang affiliated, and oftentimes had a history of parental drug usage. While he probably had not been hospitalized for psychiatric issues, he generally had received prior residential and/or outpatient therapy. The youth typically was a poly-drug user, and cannabis and/or alcohol were his drugs of choice. He started using drugs between the ages of 12 and 15, and had a history of prior police contact, including previous arrests and convictions. He currently was serving his initial commitment to the IDOC, having been found guilty of a serious offense.

Comparison Group

In order to determine whether participation in the program did indeed affect the youths' institutional behavior, and in preparation for a post-release outcome study, a comparison group was developed. Due to the prohibition against arbitrarily precluding an incarcerated youth from entering a needed treatment program, a truly randomly selected non-treatment or control group could not be utilized. However, because the program capacity initially was limited to 44 youths, the researchers were able to establish a comparison group by selecting a matched group from among the institutional "pool" of eligible youths. All these youths met the RSAT placement criteria, and upon completion, a group of 52 youths identified as substance abusers with comparable criminal history and demographic characteristics were selected. This group was slightly

larger than the treatment group to compensate for expected attrition (i.e., approximately 20%)⁴.

It should be noted that those in the comparison group were housed in other residence halls and were not involved with Setlen youth in their programs. However, some opportunity for interaction between the Setlen youth and other inmates, including those selected for the comparison group, was possible. As such, the possibility of such interaction lessens our ability to isolate treatment effects.

Key Findings

Contract and Hiring Issues

This RSAT program suffered many of the implementation problems of other correctional substance abuse programs funded under the RSAT initiative, particularly those whose start-up was significantly delayed:

Where significant delays in program implementation have occurred, the difficulties appear to be in locating appropriate facilities, constructing facilities, recruiting trained treatment staff, and contracting with treatment providers because of State bidding and proposal processes. (National Institute of Justice Journal, 2000, p. 23).

Throughout the study period, the critical linkages between the contracted private vendor and the IDOC were never solidified. In turn, there was a cascading effect of

⁴ Although the comparison group was matched to the treatment group on criteria related to program admission, initial inspection of frequency distributions for key variables thought related to treatment impacts suggested differences for the two groups. The size of the groups precluded more robust multivariate analyses, however, additional univariate analyses were undertaken to see if significant differences between the groups actually existed. Significant differences between the groups were identified on only two variables, however, when taken within the larger comparison, the research team did not believe that these differences indicated significant differences between the groups regarding characteristics related to treatment.

frayed operational linkages between IDOC institutional program administrators and the on-site contracted program staff, the on-site contracted program staff and their own corporate leadership, and between the IDOC institutional staff and the vendor staff. This is not to imply that the fundamental elements for a good relationship and a good program were not present. The vendor's response to the RFP included eight program objectives that amply covered the elements needed to provide substance abuse treatment in a TC environment. Unfortunately, a number of elements promised were simply never delivered.

The first indication of implementation problems began to surface vis-à-vis the delay in getting an approved state contract with a vendor. After several re-writes of bid specifications and a rejection of the initially selected vendor due to compliance issues, a contract was signed much later than originally anticipated. During this delay IDOC administrators, staff members, and the youths themselves were on a roller coaster ride of anticipation and disappointment as target dates came and went. When administrators finally signed the contract, there was skepticism among line staff that it was another false start.

The delay in bidding and finalizing the RSAT contract significantly impacted the preparation phase of the Setlen program. Moreover, a corporate takeover of the private vendor, closely matching the October opening date of the Setlen program, left the contractual staff with little guidance or support. A separate company was spun off from the new contracting company solely for the purpose of operating this program contract. This subsidiary company only had a skeleton staff as most of those involved with the original company had gone to the new corporate parent. Thus, the Interventions

program was left as a stepchild in a new corporate environment. The new corporate subsidiary director only visited the institution twice during the entire remainder of the program. Interviews with the Setlen program director indicated that she found the corporate director unresponsive to her requests for meetings and direction on critical issues.

The echoing effects of the delay in establishing a contract gave rise to a desperate need to hire key personnel in the shortest possible period to make the program operational. Ultimately this resulted in: 1) a treatment staff with no correctional substance abuse treatment experience, except for the program manager (whose experience was in an adult correctional setting), 2) only one counselor with certification credentials, 3) one position for administrative clerk, never being filled, 4) two counselors starting less than three weeks before the program opened, with the third starting 1 ½ months after the program began, and 5) with the exception of the program manager, the counseling staff did not participate in the program training sessions, nor did they receive the basic security training provided by the IDOC.

Issues of Institutional Fit

Multiple and often competing demands are a reality of correctional-based treatment programming. Results indicate that competing interests among staff regarding security, provision of daily operational services and Invention's substance abuse programming fostered a lack of fit between the Setlen program and the larger institution. Perhaps due to the pressure felt by all to begin program operations, pre-program discussions held between key actors in Interventions' and IYC's staff centered more on the elements of the Setlen program, rather than clear demarcations of

authority. A lack of role clarity and differing perceptions by the IYC staff and the Interventions' treatment personnel appeared in three critical arenas: security, scheduling and staffing.

The Interventions' staff's lack of experience and familiarity with substance abuse treatment in a juvenile correctional environment served as a handicap in their understanding of institutional security concerns. The absence of clear role definitions for the unit's security staff members made their job difficult. Although daily accommodations occurred, primarily due to the proximity of the two staffs, fundamental issues remained unresolved. Interviews with IDOC program administrators and security staff suggested that Interventions' staff members were willing to violate institutional security protocols if they believed these rules violated the program's integrity. Conversely, security personnel were concerned that failure to follow established policy could result in reprimands by institutional administrators and potentially put youths and staff's safety in jeopardy as well.

Scheduling issues centered around the Setlen program's highly structured program regime. The Interventions' staff believed that treatment components, such as the daily groups, should have priority. However, because the unit was required to interface with the larger facility's schedule in terms of activities such as meals and recreation, conflicts naturally arose. Perhaps more important than the conflicts themselves, was the perception by all parties that their needs were being ignored.

Staffing issues comprised the third leg in the "lack of fit" problem. The hurried efforts to staff the Setlen program met with less than overwhelming success. In addition to questions raised about the experience and credentials of the Interventions'

counselors, there was little time for the contracted staff to be integrated with the IDOC staff prior to the opening of the program. IYC counselors were physically separated from the program and, as the program worn on, had less and less interaction with the Setlen program's contractual counselors. The absence of communication and cooperation between the IYC counselors and the Interventions' counselors initially led to disengagement from one another, and quickly turned adversarial. Information received during the study documented attempts on the part of both groups to undermine the credibility and influence of each other on the youth participants, administrators, and other IYC staff members. Interviews suggested that ultimately both groups had the best interests of the youths in mind, but clearly a considerable amount of energy that could have been devoted to the program was drained away by this conflict.

The isolation felt by the Interventions' staff was compounded by the takeover of their parent company and the withdrawal of perceived organizational support. However, institutional treatment administrators attempted to provide reassurances to the contracted staff. For example, when the bid process for the new contract was underway, the institutional administration worked to secure state funding of the positions to ensure program continuation. Interviews with the Interventions' contracted staff near the time of their departure revealed a mounting a "bunker" mentality punctuated by distrust of IDOC staff motives and actions and a perception of having been abandoned by their corporate employer. Ultimately, this perception underpinned the mass resignation of the entire contracted Setlen program staff.

The Development of the TC

Although the basic building blocks of a therapeutic community were designed in this RSAT program, few, if any, modifications to the traditional TC approach were made for dealing with an incarcerated adolescent population. Perhaps as a result, it is questionable whether a community ever formed. During the first 2 months of program operation, the Setlen program staff began implementing treatment groups, introducing TC terminology to reinforce therapeutic community principles, familiarizing the youths with house tools, creating a team of youth and staff who oversaw youth disciplinary infractions (i.e., Community Interventions Team [CIT]), and establishing community jobs. Despite a promising start, group meetings began to encounter scheduling problems and youths questioned the expertise of the Interventions' counselors. Some youths and staff used the TC language sporadically, while other youths and some non-Interventions' staff refused to adopt the terminology at all. Again, because of a lack of shared understanding between the Interventions' and IYC's staff about the nature and implementation of the CIT concept and community jobs, an administrative decision was made to terminate both. In essence, the hierarchy created through the use of these concepts was antithetical to a fundamental correctional principle that no inmate should have power, status, or authority over another inmate. In sharp contrast, self-responsibility and peer pressure are key elements embodied in the core of the traditional TC concept. In the absence of an understanding or mechanism to develop one, the "CIT was removed at a critical juncture." The youths were particularly disappointed by this and blamed the Interventions' staff for "selling them a dream." Perhaps the dissolution of the CIT and jobs element of the Setlen program should not

have been unexpected as the TC adolescent literature recommends a reduced emphasis or a “softening” of these features. Although the therapeutic groups continued, true cohesion of the community never developed. Ultimately, few basic TC elements survived past initial program implementation. Following the first 26 weeks of program operation, what remained was a structured “out-patient” type of program that revolved around three daily group meetings.

The Appropriateness of Program Youth

The data support the notion that the youths placed in the Setlen program, for the most part, did indeed have significant substance abuse problems; this despite the self-perception on the part of over one-third of the youths that they had no need of treatment for drug abuse and over half who denied alcohol problems.

Countering these perceptions, at least in terms of drug use, was the youths’ own admission of substance abuse. Only four (11%) of the Setlen respondents stated that they had not used drugs within the 6 months prior to incarceration, while about 18 (47%) reported daily drug use. Fully 82% of the responding treatment youths indicated an illegal drug use multiple times per week or daily.

Also providing further support of the appropriateness of treatment for this group was that most Setlen youths scored in the “severe” addiction category after being assessed by IDOC staff upon entering the youth facility. Additionally, slightly more than one-third had previously been in substance abuse treatment.

Of the eventual Setlen cohort, 42% indicated they had volunteered while 58% maintained that they had not. In the evaluators’ opinion, the mandated participation for the latter group may have been beneficial. Although voluntary engagement in treatment

is preferable, both volunteers and non-volunteers indicated positive personal benefits. Comparison of pre-program and post-program survey responses of those whose participation was mandated suggests that they developed some insights into the problematic nature of their drug involvement, in essence, moving past the “denial” stage of addiction. Survey results also indicated that both volunteer and placed participants gained in the area of personal development (e.g., life and social skills, learning about self, self-respect, etc.). The volunteer group evidenced greater potential drug treatment benefits than those whose participation was mandated, however, neither group perceived that treatment would have much of an impact on their future drug involvement.

Program Effects on Youth Institutional Behavior

Analyses of data on the short-term impact of the Setlen program on youths’ behavior produced ambiguous results. Essentially, this assessment was to examine the program’s immediate impact on Setlen youths’ development of self-control and positive behavior. If the TC is operating correctly, peer pressure applied both formally and informally, should provide community reinforcement of positive behavior and condemnation of inappropriate behavior.

Analysis of less formal behavior action tickets (BATs) revealed that the comparison group was cited more frequently for both positive and negative behavior. However, no consistent patterns emerged as to these differences when examined on a month-by-month basis, with tests of statistical significance showing that overall the two groups only really differed with regard to the positive BATs. One explanation for this finding may be that the Setlen youths simply engaged in less positive behavior during

the period than their comparison group counterparts. If this were the case, it would not support the program as a therapeutic agent. Another explanation may be that the staff who interacted with the Setlen youths may have been less inclined to note the youths' positive behavior with the BATs. This in turn, would cast some doubt on the program's integrity as a supportive environment. Conversely however, another explanation may be that in the Setlen program staff took a more low key role in critiquing the youths' behavior, preferring to let the youths themselves provide feedback. This would support the notion that attempts were made at establishing a TC.

Analysis of more formal institutional disciplinary reports (IDRs), which documented serious violations of institutional rules revealed the Setlen youths evidenced a marked increase or "spike" in the number of rule violations at the very beginning of the program (compared to the 3-month period prior to its implementation). Such an increase may be attributable to a majority of the youths feeling they were coerced into the program and venting their displeasure, or that the youths were engaged in "testing the boundaries" with the new program staff. In either case, a U-shaped decrease in IDRs was noted for the Setlen youths over the course of the program. Disciplinary infractions increased as the first cohort prepared to leave the program. While the reason surrounding why this notable increase occurred is unknown, clearly a suppression effect was observed for the Setlen youths during their program involvement that was not seen for the comparison group. Further analysis does confirm that the odds of a youth in treatment during a given period receiving an IDR was less than for a member of the comparison group. Significant differences between the Setlen youths and the comparison group youths also were seen in terms of the quantity of

more serious IDRs. However, again further analysis revealed that this likely was due to a few “high volume” violators in the comparison group. Thus, the differences between the two groups may have been due to individual differences rather than treatment effects.

Gang Affiliation Effects

Study findings also suggest the gang affiliations likely exerted subtle yet important influences over the treatment process in the Setlen program. The fact that the Setlen unit never really solidified as a therapeutic community probably amplified this influence, as status hierarchies were problematic and youths did not shift their loyalties to the treatment group.

Absence of Aftercare Planning

Finally, one of the most critical elements in correctional substance abuse treatment success, a well-defined and highly structured aftercare program, were given only cursory attention by the Interventions’ program staff. Treatment program elements such as attending AA or participating in substance abuse counseling were identified, but specifics as to how these were to be undertaken were missing. Moreover, linkages with external treatment provider contacts, which were highlighted as strengths that this vendor brought to the program, were notably absent. In most instances, the aftercare provider contact was listed as one of the Setlen Interventions’ program staff. Basically, the youths were left with only a vague idea regarding their post-release treatment.

Recommendations

The following recommendations were developed from both the strengths and weaknesses identified in the IYC St. Charles RSAT program. While elements of these

recommendations may be germane to substance abuse TCs in general, they are specifically directed at programs involving juveniles within a secure correctional facility.

1. Contracting issues, such as ensuring clear agreements among all agencies involved and determining what potential vendors can be realistically promise, should be addressed early.
2. The program should include a quality program staff that has an understanding of treatment embedded within a correctional environment.
3. All staff need to be involved in the design and development of the TC.
4. Ensuring “fit” between the program, institutional environments and population must be a key focus; in this case, of a TC provided to an adolescent population within a juvenile correctional facility.
5. Provide cross-training to all involved staff.
6. Gang influences should be considered in program design and the selection of participants.
7. To increase treatment amenability, a “pre-TC” program designed to raise self-awareness and reduce “denial” would allow TC resources to be targeted on participants most likely to benefit.
8. TC design should incorporate aftercare planning as a key element.

NOTICE

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The Research Team

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CHAPTER 1: INTRODUCTION

As part of the Violent Crime Control and Law Enforcement Act of 1994, Congress provided funding for the development of substance abuse treatment programs in state and local correctional facilities via the Residential Substance Abuse Treatment (RSAT) for State Prisoners Formula Grant Program. Between FY96 and FY2000, more than \$264 million dollars were appropriated in support of this grant program, and by FY2000, all 50 states plus the U.S. territories of American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands had received RSAT funding.

To be eligible for this funding, programs were required to last between 6- and 12-months, be provided in residential treatment facilities set apart from the general correctional population, be directed at the inmate's substance abuse problems, and be intended to develop the inmate's cognitive, behavioral, social, vocational, and other skills to address substance abuse and related problems.

In conjunction with these programs, additional monies were earmarked for the completion of process and impact evaluations. Through FY97, numerous evaluation awards had been made, including this current assessment of the RSAT program located at the Illinois Youth Center (IYC)-St. Charles¹.

The IYC-St. Charles RSAT program did not become operational until September 30, 1999. Although the award to operate the program had been received years earlier, it was delayed due to contract disputes among the Illinois Department of Corrections

¹ The Illinois Youth Center (IYC) in St. Charles, Illinois is a medium security correctional facility for juvenile males. The facility, the first of its kind in the nation, opened in 1904. It presently has a maximum capacity of 318 juveniles; however, the actual average daily population current hovers at approximately 561 youth. IYC-St. Charles also serves as the reception center for all juvenile males committed to the department (IDOC, 1999).

(IDOC), the treatment provider (i.e., Interventions, a private company providing substance abuse treatment and assessment services in institutional and community settings), and Illinois' state office designated to administer the grant funds (i.e., the Illinois Criminal Justice Information Authority). This was especially unfortunate as the St. Charles RSAT program had generated nationwide interest because its treatment efforts were directed toward a youth population and offered within the context of a therapeutic community (TC).

The evaluation described in this report, also delayed in implementation, was to describe why and how the St. Charles' youth TC was designed, implemented, and operates. To a lesser degree, attention also was directed toward examining the effects of program participation on offender pre-release behavior. This was considered to be a preliminary indicator of program impact².

This report is divided into six chapters. Following this chapter, chapter 2 reviews the literature regarding the linkage between substance abuse and criminal behavior as well as the utility of the therapeutic community approach, and how it may be modified for incarcerated and youth populations. Chapter 3 presents the study's methodology and the major sources of information used. An in-depth review of the proposed TC environment is included in chapter 4, while chapter 5 addresses several primary operational issues including:

² A follow-up study assessing longer-term impacts was anticipated. As such, the evaluation design was formulated accordingly. However, at the time this report was completed, such funding was unavailable.

- a) Did the program fit within the institutional environment?
- b) Was the program operating as a therapeutic community?
- c) Were the appropriate offenders selected for program participation?
- d) Were any short-term impacts evident within the youth?

Chapter 6 includes summary thoughts and recommendations.

CHAPTER 2: REVIEW OF THE LITERATURE

The first recorded speculation regarding a possible relationship between criminal activities and narcotic drugs appeared over a century ago (as cited in Inciardi, 1981). In the ensuing period, a plethora of studies gradually have shaped a picture of a crime-drug use linkage in both adults and youths. Estimates of the prevalence of delinquency and drug use among youths vary considerably, but the connection between the seriousness and frequency of drug use among delinquents is among the strongest predictors of both the frequency and seriousness of offending (Deschenes and Greenwood, 1994). Yet despite the well-documented correlation between drug involvement and crime by youths and adults, the etiology of the relationship is not well understood. A reflection of this lack of understanding may be seen in the advocacy of various treatment approaches over the years and in the research that emerged in the mid to late 1970s strongly questioning treatment effectiveness (e.g., Lipton D., Martinson, R. & Wilks, J., 1975; Sechrest, White, & Brown, 1979; also see the later meta-analysis of Whitehead & Lab, 1989). The fact that drug abuse is both a complicated and multifaceted phenomenon makes even the classification of offenders with substance abuse problems difficult (Hepburn, 1994).

Together these issues have served as the underpinning for inconsistency in offender drug treatment efforts and the generally low priority of drug treatment in correctional systems across the U.S. Among the more than 1 million inmates in the state prison systems in 1997, only 26% received any kind of treatment while under

correctional supervision (U.S. Department of Justice, 1999).³ As stated by MacKenzie (1997), “. . . the majority of inmates with substance abuse problems still do not receive treatment while in prison.” (p. 9-41).

Effective Treatment Approaches

More recent findings supportive of treatment efficacy have emerged in the meta-analyses literature of the past decade and a half (e.g., Garrett, 1985; Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990; Lipsey, 1991). These results indicate that correctional drug treatment programs can positively affect the behavior of chronic drug abusing offenders with respect to criminality and/or drug use (also see Anglin & Hser, 1990; Andrews & Bonta, 1994; Gendreau, 1996). It has been determined that treatment effectiveness is related to the length of time an offender remains in treatment (Allison & Hubbard, 1985; Kofoed, Kania, Walsh, & Atkinson, 1986), and that offenders coerced into treatment do as well or perhaps better than those who voluntarily enter (Anglin, Brecht, & Maddahian, 1989; Anglin & Hser, 1990; Simpson, 1984). Thus, many believe that the criminal justice system is the ideal place to require offenders to enter and remain in treatment (MacKenzie, 1997).

However, not all treatment programs are equally effective—some approaches are better than others. As discussed by Cowles and Castellano (1995, pp. 12-13), in their evaluation review of drug treatment and aftercare efforts for boot camp participants, and by MacKenzie (1997), there are several therapeutic strategies and program characteristics that relate to effective correctional drug treatment. From a structural point of view, the following are important.

³ Includes treatment in a residential facility or unit, professional counseling, placement in a detoxification unit, and participation in a maintenance drug program.

- 1) Develop political, organizational, and financial support within the correctional system to implement substance abuse and aftercare programming.
- 2) Set up the treatment program to be independent (within security structures) of the prison administration. If this is not possible, provide a treatment unit that reduces the negative and corrosive influences of the general inmate population.
- 3) Select a high-quality professional staff, composed mainly of those who have professional skills and those who can function as role models.
- 4) Enroll prisoners in treatment programs when their remaining period of incarceration is only as long or slightly longer than the length of the in-custody part of their treatment programs. In doing so, encourage sustained participation in substance abuse treatment and ensure treatment lengths are at least 3 months.
- 5) Make continuing care during transition and return to the community and a lengthy period of supervision in the community integral parts of the treatment program.
- 6) Plan for inmates' transition into the community early in program development.
- 7) Use community resources to provide services relevant to inmates' needs.

With respect to program design, effective programs typically:

- 1) use a coordinated approach in the design and implementation of substance abuse programs that involves both substance abuse and custody staff;
- 2) establish standardized and comprehensive assessment procedures and case management systems. The results of these treatments are used to match inmates to treatment services;
- 3) provide multi-modal treatment services that reflect a range of quality programs. Treatment activities should address the range of psychosocial problems and areas of deficit that may result in unsuccessful recovery;
- 4) implement strategies that give participants a stake in the success of the program as a whole and in their rehabilitation;
- 5) teach coping skills that may enable inmates to deal with high-risk situations that are likely to precipitate their return to or involvement in illegal activity upon release;
- 6) have program staff provide anti-criminal modeling that inmates can regard as behavior worth imitating;

- 7) have staff develop quality interpersonal relationships with inmates, demonstrating care and concern for their well-being;
- 8) target specific dynamic characteristics that can be changed in treatment and those that are predictive of future criminal activity; and,
- 9) use cognitive and behavioral treatment methods that focus on positive reinforcement for positive (i.e., pro-social) behavior.

Among the various treatment modalities, research has shown that for prisoners long-term residential programs, such as therapeutic communities, are the most effective (for example, see: Wexler, Falkin, & Lipton, 1990; Knight, Simpson, Chatham, & Camacho, 1997; MacKenzie, 1997). As stated by MacKenzie (1997), “[s]ome of the most promising evaluations of drug treatment for criminal justice has focused on the effectiveness of prison-based therapeutic communities (TCs) that operate as 24-hour live-in facilities within prisons” (p. 9-42).

The following section provides a brief description of therapeutic communities. Attention then is focused on identifying the necessary modifications that should be made to the traditional TC program when dealing with an incarcerated population, highlighting those elements particularly related to program success. The chapter concludes with a discussion of the unique challenges of treating an adolescent population, and of the specific concerns when implementing a TC program for such youth.

Basic Elements of a Therapeutic Community

Therapeutic communities are residential programs where participants are involved in all aspects of program operation. Within a TC the person is the focus of treatment, and the key to program success is “right living.” According to Pearson & Lipton (1999),

Right living develops from committing oneself to the value of the TC, including both positive social values such as the work ethic, social productivity, and communal responsibility, and positive personal values such as honesty, self-reliance, and responsibility to oneself and significant others (p. 387).

The sense of a community environment is an important element of the TC. All staff and participants have tasks, responsibilities, rights and duties that are similar to those found within a family. This “family” structure is hierarchal in nature, and offers the participants an opportunity to be in a position to have various responsibilities. Although new participants are placed in positions of the lowest status, by demonstrating increased competency and emotional growth they can earn better work positions and associated rights and privileges. This, in turn, also has larger ramifications, as according to Mello, Pechansky, Inciardi, & Surratt (1997), it helps participants learn how to handle responsibility and eventually take care of themselves. The hierarchy gives participants a new set of personal values and teaches him/her that society also has its own laws, values, and rules. If the resident plans to become part of society again, he/she will have to live by society’s rules and expectations (Mello et al., 1997).

Most programs are designed around a formal structure, having routines and set times for program activities. According to De Leon “ordered, routine activities counter the characteristically disordered lives of these clients and distract from negative thinking and boredom, factors associated with drug use” (as cited in Mid-America Addiction Technology Transfer Center, undated). Within the structured schedule, time is allotted for groups, counseling, jobs, and other activities that teach the participants such things as self-discipline, self-worth, and respect for authority. Both group confrontation (when rules and/or values are breached) and supportive peer feedback are key elements to the treatment process (Pearson & Lipton, 1999).

According to De Leon, treatment within the TC is organized into phases “that reflect the developmental view of the change process. Emphasis is placed on incremental learning at each phase, which moves the individual to the next stage of recovery” (as cited in Mid-America Addiction Technology Transfer Center, undated).

Historically there has been great variability with respect to program length. Original thinking envisioned programs with a planned duration of 24- to 36-months. Program length gradually evolved to shorter periods of 12-18 months, and given recent funding pressures, modified programs including 3-, 6-, and 12-months of treatment also have surfaced (De Leon, 2000).

Based on research on nonprison-based TCs, data reveal that length of stay is an important factor for reducing participant drug use. For example, Vaglum (1985) found a positive correlation between time in treatment and abstinence. That is, those who spent a longer amount of time in treatment were more likely to remain abstinent than those who stayed in for shorter periods of time. In a similar vein, Wexler et al., 1990, reported that length of stay was correlated with reduced substance use⁴. Most recently, the above-mentioned funding pressures have resulted in the advance toward the development of “client-treatment matching strategies,” whereby a client’s need for, and length of necessary treatment, is assessed via a standardized instrument (De Leon, 2000).

Correctional-Based TCs

TCs first were introduced into correctional settings due to the positive outcome research that emerged during the 1970s on nonprison-based TCs for clients with

⁴ Unfortunately, oftentimes nonprison-based programs suffer from very high drop-out rates (as cited in Wexler et al., 1990).

extensive criminal histories (Wexler et al., 1990). Correctional settings were considered to have certain advantages, primarily relating to the amount of time clients spent in treatment. That is, one of the problems that nonprison programs suffered from was a high drop-out rate, whereby the positive program effects were limited to those few clients who maintained program participation. As many TC prison programs involve separation of the treatment population from the general population, most TC participants do not interact with the general population. Thus, as noted by Wexler et al., 1990, certain inmates may view such units more desirable than other prison units.

According to De Leon (2000), TCs for incarcerated substance abusers need to be adapted to meet the unique needs facing a more deviant population. Additional issues emerge including the client's social deviance, their lower motivation for change, and their need for treatment and aftercare upon release for successful reintegration to society.

The goals of treatment (i.e., making a lifestyle and identify change) remain as for their non-incarcerated TC counterparts. However, an increased focus needs to be placed on three issues: 1) altering the client's criminal thinking patterns, 2) increasing the client's personal motivation for change, and 3) keeping the client committed to continuing treatment upon release from prison (De Leon, 2000).

Critical Program Elements

Based on prior evaluations of correctional-based TC programs, there are several elements that are strongly correlated with successful programs. Two of the most important include institutional support and aftercare.

Institutional Support

Unsupportive prison administration and correctional staffing can be detrimental to the success of a TC. According to Castellano and Beck (1991), barriers to the implementation of treatment programs occur in most correctional settings because the program has low autonomy and/or the institution is not organized for or supportive of such programs.

Staffing issues are a big concern because a TC literally can be destroyed if an untrained or unsympathetic security staff has not bought into the TC approach. Training for all personnel to be involved with the TC is vital for its survival. Thus, program design and implementation issues require planning and evaluation for a TC to be successful in a correctional setting where power conflicts may occur.

It is important that program activities be worked in around the general schedule of the prison (e.g., meals, count, recreation time, etc). If not, such activities may conflict with time allotted for special groups and other TC activities. In addition, requirements of some prisons, such as inmates holding prison jobs, would reduce or conflict with the time TC participants could participate in the TC program (Wexler et al., 1999).

A dialogue between facility administrators and the treatment provider needs to focus on such issues as who has power to 1) refuse clients, 2) terminate clients, and 3) control the internal functioning of the community. This can be accomplished by the establishment of rules and procedures that exceed but do not conflict with those found in the generalized prison environment and by receiving strong and visible support for the program by administration (Castellano and Beck, 1991).

Aftercare

Relapse rates for individuals in drug treatment are high. Findings by Hunt, Garnett, and Branch, 1971 (as cited in Sealock et al., 1997), suggest that close to two-thirds of individuals who complete treatment will relapse and Hoffman and Miller, 1993 (as cited in Sealock et al., 1997), found that the greatest risk for relapse occurs within the first 6-months following treatment. "The high rate of drug abuse among juvenile offenders and these high relapse rates indicate a need for aftercare treatment services to reinforce skills and behaviors learned during treatment" (Sealock et al., 1997, p. 212).

Aftercare, such as in the CREST program in Maryland, is useful because it helps to "create a 'safety bubble' where the residents can test their abilities in a progressive way. If things don't work well when they are out of the house for a few hours, they can go back to their 'lab' to identify the error before trying again" (Mello et al., 1997, p. 309). Data concerning the CREST program also indicate that enhancing a prison TC with aftercare will increase the long-term likelihood that participants will remain drug free (Martin, Butzin, Saum, and Inciardi, 1999).

Not only is aftercare important in reducing drug use, it is effective in reducing recidivism. To illustrate, based on findings released by Wexler and his colleagues in their evaluation of the Amity prison TC and aftercare program, participation in aftercare impacts recidivism even more than the prison TC alone, with the effects remaining significant up to 24 months after release from prison (1999).

Wexler et al., (1999) also found that offenders who completed the Amity aftercare program in addition to the Amity prison TC had a rearrest rate of 26.9% while non-treatment offenders' rearrest rate was 40.9%. As for reincarceration, aftercare

completers had a low rate of reincarceration (8.2%) when compared to the control group (49.7%).

Adolescent Clients

Until recently there had been few studies examining the adolescent population in treatment. From these studies it appears that these adolescents face a variety of problems.

In addition to substance abuse, many such youth come from households of low socioeconomic status where there has been a family disturbance and where an adult in their life, such as a parent, has served as a role model for drug or alcohol use. With low self-esteem, many of these youth have failed academically and have a “high tolerance or attraction for deviance or psychosocial unconventionality . . .” (Jainchill, 1997, p. 161). These youth tend to be very independent, fail to understand the consequences of their behavior, and are seemingly tolerant to be viewed negatively by society and accept failure as the norm.

TCs designed for adolescent clients oftentimes are structurally similar to adult programs. However, given the unique and overwhelming problems facing many of these youth, as well as the “general turbulence” that occurs in the transition to adulthood,” some program modifications are necessary (Jainchill, 1997). According to De Leon, 1988, (as cited in Jainchill, 1997), adolescents who are in TC programs tend to be have extreme antisocial or conduct disorder problems and have emotional and/or psychological issues. School related disturbances including truancy, poor scholastic performance, and learning disabilities all are common and have a significant impact on the treatment regimen.

TC Modifications for Youthful Clients⁵

A review of the literature offers some guidance on adaptations to the TC approach that can be made for an adolescent treatment group. Early recommendations offered by De Leon & Deitch (1985) emphasized the need for enhanced supervision, evaluation, and recreation for adolescent clients. It was emphasized that adolescents need to learn to engage in activities to occupy their leisure time that do not include drug use. The authors further noted the need for school to be viewed as the youth's main job, and to encourage family involvement in the treatment process. Assisting youth in the development of positive social images and counteracting their feelings of guilt were viewed as special treatment elements for adolescent clients.

According to De Leon (2000), a large number of adolescents in TC programs have educational, social and vocational deficits. They may have psychological problems and, like their adult counterparts, lack the desire to change. As such, the traditional TC treatment goal (i.e., making a lifestyle and identify change) often is too challenging. Rather, according to De Leon, "to facilitate normative development" (2000, p. 388) may be a more appropriate goal.

Other recommendations offered by Jainchill (1997) and Jainchill, Hawke, De Leon, & Yagelka (2000) include a limited use of peer pressure and an enhanced structure of vertical authority, whereby adolescents have less input in community management than their adult counterparts. Further, these authors echoed the recommendations made by De Leon & Deitch (1985) with respect to participation of the

⁵ After a comprehensive review of the published literature, the authors were unable to locate any information regarding the development and/or operation of a therapeutic community for incarcerated youth. Thus, this discussion focuses on youth TCs in general.

family in the therapeutic process, the importance of the youth's role of student taking priority over their role as worker, and the need for introducing the youth to constructive leisure-time activities.

Summary

Despite the complexities of offender substance abuse and research emerging in the mid to late 1970s questioning the efficacy of then existing treatment efforts, more recent studies using meta-analysis seem to present an increasingly positive outlook on the value of engaging offenders in substance abuse treatment. However, what is becoming equally clear is that "one size fits all" treatment approaches should be replaced with treatment strategies matched to specific offender sub-groups based on individual characteristics. Equally clear is that those implementing promising approaches such as the therapeutic community in correctional residential settings need to carefully consider the match between the therapeutic endeavor and the environment in which it is carried out. Critical factors such as involvement of all staff, including both treatment and security, in the TC program; ensuring institutional support; and, establishing a distinct living environment must be considered. Moreover, key structural and programmatic elements, for example, ensuring a coordination of treatment services, standardized and comprehensive assessment, mechanisms to invest participants in the program, securing a quality professional staff, establishing the "family" atmosphere, insuring appropriate program length, and establishing a continuum of treatment into aftercare, must be integrated into treatment milieu if the program is to be effective.

Given the special needs of the adolescent population, the need to tailor the traditional TC to better suit the needs of these youth is stressed throughout the

literature. Although few studies have examined the effectiveness of residential treatment programs designed particularly for youthful clients, available information suggests participation in these programs results in significant reductions in the prevalence and frequency of both drug use and criminal offending (Jainchill et al., 2000). However, participation in these programs only goes so far; the provision of and participation in aftercare programming is a critical element for the successful treatment of adolescents.

CHAPTER 3: METHODOLOGY

The primary emphasis of this evaluation was to describe why and how the St. Charles RSAT program (referred to as the Setlen program) was designed, implemented, and operates. To a lesser degree, attention also was directed toward examining the effects of program participation on offender pre-release behavior. This was considered to be a preliminary indicator of program impact.

This study followed a process evaluation design as its focus was on determining how a product or outcome (i.e., the Setlen program) is produced, rather than on assessing the product or outcome itself. Process evaluations permit decision-makers to understand the dynamics of program operations and decide whether a program is operating according to their expectations. As noted by Patton (1987), "process evaluations are particularly useful for revealing areas in which programs can be improved as well as highlighting those strengths of the program which should be preserved" (p. 24). Given that the Setlen program was a new program, such an evaluation can be particularly beneficial. Embedded within this focus, special attention also was placed on providing IDOC administrators and program staff with timely feedback, allowing them to review program development and make needed operational changes (i.e., formative design approach).

Data Collection Efforts

To obtain a portrait of the Setlen program, both primary and secondary data collection efforts were proposed. Information was collected from three sources -- program administrators and staff, youth participants, and youth files. From these

sources, several types of data were collected. Specific information gathered is identified in Figure 3.1.

Figure 3.1: Data Sources and Type of Information Collected

Staff & Administrators	Youth Participants	Youth Files
Semi-Structured Interviews Staff Survey	Youth Surveys Youth Focus Groups	Demographic, Social History, Drug Usage, and Criminal History Information Institutional Disciplinary Information Setlen Program Participation Information

In addition to these data, internal reports and memoranda, working papers, and other documents involving the planning, implementation, and operation of the Setlen program were collected.

In-depth Interviews

In-depth personal interviews were conducted with 27 individuals associated with the Setlen program. These included IDOC policy makers, Setlen treatment staff (i.e., contractual), Illinois Youth Center (IYC) program staff, and IYC custody staff. Of these 27 individuals, 12 were interviewed twice due to their continued, hands-on involvement in the program's operation during the course of the evaluation period. Thus, a total of 39 separate interviews were conducted.

Interviews were held both prior to the program's implementation (i.e., August/September 1999) and after the first group of youths graduated (May/June 2000). The interviews were conducted in the individual's office or elsewhere on-site. They typically lasted 45 minutes to 1 hour, depending on the interviewee's involvement with the Setlen program, and were conducted by experienced members of the research

team using standardized protocols. The questions posed during the initial series of interviews were tailored around issues of program planning, development, purpose, and expectations whereas the second round of interview questions focused on program operation, strengths and weaknesses, and evaluation. A copy of the interview protocol is provided in Appendix A.

Staff Survey

Although not part of the original proposal designed for this evaluation, it was determined that additional staff member input was necessary to fully understand the operation of the Setlen program. As such, the evaluation team decided to include a staff member survey in the data collection efforts. Survey administration occurred approximately 4 months after program implementation (February 2000).

Surveys were sent to each staff member assigned (full or part-time) to the Setlen program. This included five contractual treatment staff, nine IYC security staff, and seven IYC treatment oriented staff. Of these 21 surveys, 11 were returned (52.4% return rate). With the exception of asking whether the respondent was an IYC staff member or a contractual staff member, all responses were anonymous.⁶ The survey included 13 questions, and asked respondents to preliminarily evaluate program operation and assess communication and cooperation between the IYC and contractual staff. A copy of the survey instrument is included in Appendix A.

⁶ Of these 11 returned surveys, 8 were from IYC staff members and 3 were from contractual staff members.

Youth Surveys

The Setlen youths were surveyed twice during the evaluation period. Each survey process is described below, and copies of the instruments are included in Appendix A.

The first survey administration took place on October 14, 1999, approximately two weeks following program implementation. The survey instrument included eleven questions, and asked youths about their prior drug and/or alcohol usage, whether they believe they need treatment, if they previously have been in treatment, and what they believe, if anything, they would get out of the program. The instrument was written at approximately a 4th grade reading level. Because the housing unit lacked a space large enough for all youths to comfortably gather, the youths were divided into two groups based on room assignment. However, both "rounds" of survey administration were handled in a similar manner. Once the group arrived in the activity room, the research team explained the purpose of the survey and read aloud the youth assent form. After all questions were addressed, the research team invited the youths to complete the survey. Of the 44 program youths, 38 (86.4%) participated in the survey.

The second survey administration occurred on April 4, 2000, less than 1 week following program completion for the majority of program youths (i.e., March 31, 2000). This instrument also included eleven questions, and was designed to elicit evaluative information about the program from each youth. Specific questions included what the youths liked, disliked and would change about the program. Additional attention was focused on the actions of program staff, including both contractual and IYC employees. This instrument also was written at a 4th grade reading level.

As stated previously, the second survey was administered just days following program completion for the first group of youths. Of the 44 youths originally assigned to the Setlen program, nine had left the institution prior to completing the program. Because only a small number of the remaining 35 youths were still housed in Setlen, two different procedures for survey administration were utilized. First, all youths remaining in Setlen were surveyed on the unit. Second, the remaining youths were brought into a conference room elsewhere on grounds and offered the opportunity to participate in the survey. Most of these youths trickled in, brought in off of work assignments to participate. All youths who were invited to participate, did so, however, only 25 youths were available. Thus, of the original 44 youths, 56.8% completed the second survey.

When comparing the response rate of the first survey with the second, data reveal that 21 youths (47.7%) completed both surveys. Although two youths (4.5%) participated in neither survey, they were included in other analyses, and therefore remained part of the treatment group.

Youth Focus Groups

Focus groups were held with program youths on December 15, 2000. Conducted approximately 3 months following program implementation, all youths were invited to participate; as an incentive, pizza and soda were offered. Each of the four group meetings lasted approximately 1 hour, with approximately 80% of all program youths participating (n=35). Each focus group included between eight and ten youths.

Youths were asked to discuss seven questions, from whether they believe this program was helping any of their peers, to what they thought of the staff working on the

unit (both contractual and IYC staff members). A copy of the focus group questions is included in Appendix A.

Youth Information (Secondary Data Collection)

Various file data were gathered about the Setlen youths. This included data from each youth's master file, as well as each youth's treatment file. These data collection efforts are described below.

Master File Review

Pursuant to IDOC policy, a master file is kept on each youth placed in a state youth center. The file remains at the facility where the youth is placed until his/her release. Once released, the file is stored at the last facility where the youth was located. A review of each program youth's master file was completed. From that file, several types of data were gathered including demographic, social history, prior drug usage, and criminal history information. Each file took approximately 1½ hours to review. A copy of the master file data collection instrument is included in Appendix A.

Institutional Behavior Information

Two types of institutional behavior information were collected—behavior action tickets and institutional disciplinary reports. Behavior action tickets (BATs) are an institutional-wide semi-formal mechanism to recognize positive and negative youth behavior. They are written at the discretion of a staff member whenever a positive or negative behavioral action by a youth is observed. BATs are monitored by each youth's counselor and used as one factor in determining the privileges afforded youth.

A more serious form of sanction is institutional disciplinary reports (IDRs). A staff member writes them whenever he/she observes a youth committing a more serious

serious negative behavior. Unlike BATs, IDRs never reflect positive behavior. IDRs are classified as “major” or “minor”, depending on the seriousness of the act. An officer reviews minor IDRs, while the Adjustment Committee reviews major IDRs. IDRs commonly may result in confinement, a delay in recommending the youth’s parole to the Prisoner Review Board, and/or a reduction in privileges.

While members of the counseling staff regularly collect individual BATs, they are not kept indefinitely. Rather, they are summarized and then discarded. As such, the research team asked that the counselors save the individual BATs received by youths in the treatment and comparison groups during the course of the study. Corresponding with the selection of the comparison group (discussed below), BATs were collected from December 1999 through June 1999. On the other hand, individual IDRs are maintained permanently in each youth’s master file, and the research team was able to independently collect this information. It was determined that such information would be collected for the period of July 1, 1999 through June 30, 2000. Thus, the study timeframe allowed the evaluators to review behavior 3 months prior to the program, during the program and during a 3-month follow-up period.

Youth Treatment Records

Information also was gathered from records maintained by the treatment provider. Specific data collected included youth progress in treatment, their discharge review, and their proposed continuing care discharge plan. A copy of this data collection instrument is included in Appendix A. A treatment file review was conducted on each Setlen youth.

Other Documents

The evaluation team collected and synthesized internal memorandum, working papers, and other documents involving the Setlen program and the larger IYC St. Charles community. Specific documents collected included Interventions' proposal; the Setlen A youth handbook; staff training materials regarding the therapeutic community; IDOC St. Charles' youth handbook, which delineates institutional procedures; memorandum between Interventions staff and IDOC staff; and progress reports to IDOC administration from IYC-St. Charles staff.

Comparison Group Selection

Due to the prohibition against arbitrarily precluding an incarcerated youth from entering a needed treatment program, a truly randomly selected non-treatment or control group could not be utilized in this study. However, because the program capacity initially was limited to 44 youths, the researchers were able to establish a comparison group by selecting a matched group from among the institutional "pool" of eligible youths. All youths selected met the RSAT placement criteria which included: 1) a "moderate" or "severe" level of substance abuse, as determined via a standardized assessment instrument (i.e., DASl); 2) a lack of severe mental health issues, as determined by a clinical psychologist; and 3) at least 6 months remaining to parole. Upon completion, a group of 52 youths identified as substance abusers with comparable criminal history and demographic characteristics were selected. This group was slightly larger than the treatment group to compensate for expected attrition (i.e., approximately 20%). This comparison group was used to contrast institutional behavior of youths not in the treatment program and to establish a non-treatment cohort to use in

an expected follow-up impact study. The selection of a comparison group commenced on November 23, 1999, and was completed with the assistance of an IYC-St. Charles clinic staff member to ensure that appropriate candidates were selected. All youth selected for the comparison group also were reviewed by a treatment administrator within the facility who had been instrumental in selecting the initial Setlen A treatment group. This individual then had the ability to deflect any youth from the comparison group who he/she would not have placed in the Setlen A program even if a bed were available. Although the comparison group was matched to the treatment group on criteria related to program admission, initial inspection of frequency distributions for key variables though related to treatment impacts suggested differences for the two groups. The size of the groups precluded more robust multivariate analyses, however, additional univariate analyses were undertaken to see if significant differences between the groups actually existed. Significant differences between the groups were identified on only two variables, however, when taken within the larger comparison, the research team did not believe that these differences indicated significant differences between the groups regarding characteristics related to treatment. For a more complete discussion of the findings of these analyses and their implications see Appendix B

CHAPTER 4: THE SETLEN A (RSAT) PROGRAM

Chapter 4 is divided into two sections. Section One includes a discussion of the planning, purpose, and design of the Setlen program. Section Two provides a descriptive review of the first 44 youths placed into the program. Information regarding the initial selection of Setlen program youths and a description of their demographic, social history, drug usage, and criminal history characteristics is included in that section.

Section One: Program Planning, Purpose, and Design

Impetus for the Setlen Program

When asked why the IDOC decided to implement a youth drug treatment program, most respondents reported that a significant treatment need existed within the juvenile population that wasn't being addressed. A degree of consensus existed supporting the view that the therapeutic community approach was most effective and had the potential to decrease the rate of drug usage among program participants. When asked why the program was implemented at IYC-St. Charles specifically, a number of reasons were given. First, the reception center for all juvenile males committed to the IDOC is housed within the IYC-St. Charles facility. Thus, IDOC administrators thought it logical to place this special treatment unit within the same institution. Second, IYC-St. Charles houses the largest population of youths committed to the IDOC, and therefore would have a substantial pool from which to select appropriate youths. Similarly, this facility is the largest of all IYCs with respect to physical size; the grounds cover more than 100 acres. No other IYC includes more than 50 acres. Thus, more facility space would be available. Third, several respondents noted that IYC-St. Charles staff members perceive themselves as leaders

within the correctional community. They wanted the challenge and attention that the program would bring. With their support, the superintendent (who has since retired from the IDOC) lobbied for the program and he was successful in his efforts.

Planning for the Program

As originally proposed, the Setlen program was to begin operation during the fall of 1997. In accordance with this plan, several IYC-St. Charles staff members were approached about their interest in working within the unit. As reported during a number of interviews, a high level of interest and anticipation was generated among the staff. However, due to a lengthy delay caused by contract issues, a formal contract between the IDOC and the private treatment provider (i.e., Interventions) was not agreed upon until May 20, 1999. Several IYC staff members reported that this delay was discouraging. As illustrated by one security staff member, "Start-up never came. It kept getting postponed and that was frustrating." Such frustration carried over to the youths as well, creating a generally unsettled atmosphere about the program. "They had heard for quite a while that this program was going to happen . . . and it didn't."

As stated above, a contract was signed on May 20, 1999, more than 19-months later than originally anticipated. The program was implemented approximately 4 months later (September 30, 1999). During the intervening weeks, staff from Interventions and the IDOC met to develop files that would meet IDOC and Office of Alcohol and Substance Abuse (OASA) requirements. Two representatives from Interventions were assigned to assist in program start-up, both of whom were program managers at other sites. Meetings between IDOC and Interventions occurred throughout the summer months to work on program details and training materials.

Additionally, time was spent on Interventions' part in hiring the staff needed to operate the program, which included a program manager and four counselors. In addition to meeting with Interventions, IDOC staff met regularly to discuss various aspects of the program, most importantly scheduling needs and security concerns. According to those interviewed, all IDOC staff members affiliated with the program were provided the opportunity to participate in meetings and offer input and suggestions regarding the program's design and/or structure.

Also prior to program implementation, considerable effort was directed toward training all IDOC staff assigned to the Setlen program. Because historically youth supervisors (i.e., security staff) are the last to be told of programming, institutional administration made a point to ensure they were among the first trained. This decision was drawn from the realization that among all IDOC staff, those with security positions would be more intimately involved with the program than would IDOC counselors, and thus would need enhanced training prior to program implementation.

The initial introductory training sessions lasted 1 hour, and were offered on four separate occasions to ensure all assigned staff received the training. Shortly thereafter, two all-day training sessions were held by Interventions for the youth supervisory staff members that initially were assigned to the unit. Also prior to program implementation, a group of youth supervisors toured the Sheridan Gateway Program, located at the IDOC's Sheridan Correctional Center. It was reported that these officers returned with a "good feel about what this type of unit can [could] become." Training for the assigned clinical staff occurred just days prior to program implementation and focused on adolescent substance abuse.

Although the contracted vendor maintained that it was putting forth effort toward program planning and start-up in its contacts with IDOC administrators, delays in hiring program staff members caused concern for the IDOC. The program manager, the first Interventions staff member hired on August 5, 1999, was the first to come on board. Her hiring occurred approximately 75 days after the contracts were signed. Among the four counselors, two were hired on September 13, 1999 (17 days prior to program implementation) and one on November 8, 1999 (39 days after program implementation). The fourth position was never filled during the first year of program operation. While the program manager had worked previously in an adult correctional-based drug treatment program, she lacked a background of dealing with adolescent substance abusers. Similarly, among the other Interventions' staff, relevant experience was limited. This general lack of experience was compounded by the short duration between hiring and program implementation, that resulted in a minimal amount of training.

As indicated by the program's name, the program was placed in the Setlen cottage, one of several housing units on the grounds of St. Charles Youth Center.⁷ The cottage houses 86 youths, 44 on the bottom floor (Setlen A) and 42 on the top floor (Setlen B). In order to ease into program operation, it was decided that Setlen A would open first, with Setlen B being implemented a few months later. However, all staff members assigned to the house (i.e., assigned to either Setlen A or Setlen B) were trained from the onset. It should be noted that those in the comparison group were housed in other residence halls and were not involved with Setlen youth in their programs. However, some opportunity for interaction between the Setlen youth and

⁷ Although IDOC uses the term cottage to describe IYC-St. Charles' housing units, this building is a two-story brick structure. It is the oldest actively used housing unit at this facility.

other inmates, including those selected for the comparison group, were possible during recreation periods, school and meals (although the Settlen youth remained in their group during meals). In the latter part of the program, particularly when Settlen youth were assigned jobs in other parts of the compound, there were opportunities for interaction between treatment and comparison youth. In essence, the possibility of such interaction lessens our ability to isolate treatment effects.

Program Purpose

Information regarding the program's purpose was gathered from two sources. First, stated program objectives were obtained from Interventions' proposal to the IDOC. Second, each person interviewed was asked what he/she perceived to be the program goals.

As delineated in their proposal to the IDOC, Interventions identified eight program objectives. They included:

1. Provide a structured, supportive therapeutic community environment for addicted youth offenders where the primary problem of substance abuse can be addressed.
2. Provide individual counseling to all youths in the unit.
3. Provide group counseling to all youths in the unit.
4. Arrange self-help sessions at least once a week for each participant.
5. Assist youths in learning techniques for relapse prevention.
6. Assist youths in developing strategies for use of leisure time and dealing with family issues on release from the facility by teaching new social and recreational skills.
7. Achieve 90% program completion rate.
8. Assist in the transition to community living and parole.

During staff interviews, several program goals were identified. The majority of those interviewed stated that providing substance abuse treatment and education was a primary goal of the Setlen program. Also often mentioned was the cognitive component of changing attitudes and behavior and providing the youths with decision making and coping skills. Building self-esteem and self-reliance also were listed, as well as the basic accomplishment of just getting the program up and running. The final goal identified was developing a program that other institutions could model.

Program Design

As designed by Interventions, there were several distinctive features of the Setlen program. They included a regimen of group therapy, a unique language, job performance, and the Community Intervention Team (CIT). Supporting this program was a contingent of staff and grant funds.

Staffing and Budget

As presented in their proposal to the IDOC, Interventions budgeted total annual costs at slightly under \$180,000. Included within this amount were personnel and direct program costs. Six positions were identified, two of which were half time. Staffing included one half-time program director, four full-time counselors, and one half-time administrative assistant. Salaries, excluding fringe, were set at approximately \$22,000 for each counselor, \$17,000 for a half-time program director, and \$9,000 for a half-time administrative assistant. However, as stated previously, one of the counselor positions was not filled during the first-year of program operation. The administrative assistant position also was not filled, whereas the program director's position was changed to a

full-time slot. Another noteworthy budgeted expense included approximately \$20,000 for contractual assistance⁸.

From the IDOC staff, 16 staff members were assigned (some in-part) to the program. This included nine youth supervisory (i.e., custody) staff, five program staff, one leisure time specialist, and one chaplain. Although the roles of the security, leisure time, and religious staff members were clearly defined prior to program implementation, there was some confusion among the clinical staff members with respect to their upcoming roles. While it was anticipated that these staff would provide some service delivery, for the most part they were unsure of what they would be doing and were “playing it by ear.”

Program Structure⁹

The program’s foundation rested on a philosophy of individual accountability, social responsibility, awareness building, and lifestyle change. It was separated into four phases, and included 6 months of programming. Each treatment phase, along with its associated goals, is presented below.

⁸ As detailed in the Budget Narrative of the Contractual Services Agreement between the IDOC and Interventions, Interventions contracted with BHS Consulting Corporation for the provision of a wide array of administrative and consulting services. These services included accounting, human resources, billing, collections, data processing, accounts receivable, accounts payable, payroll, and purchasing.

⁹ This discussion is a result from on-site observation and a summarization of materials presented in the program handbook. Although Interventions’ proposal to the IDOC also included information regarding program design, much of it was different than what the program director designed.

Figure 4.1: Program Phases

Phase I: Orientation: One Month
<ul style="list-style-type: none"> • Complete and present written drug and criminal history. • Learn the purpose of groups. • Learn how to interact in a group setting. • Demonstrate ability to participate appropriately in a group setting. • Have an understanding of group rules and their purpose. • Give appropriate feedback in group. • Identify three values lost as a result of drug/alcohol use. • Understand, use, and apply group rules, program rules, and program concepts. • Memorize and recite the program philosophy.
Phase II: Primary Treatment: Two Months
<ul style="list-style-type: none"> • Be able to present issues to group related to treatment. • Focus on self – not other—use “I” statements. • Distinguish between “thinking” and “feeling” statements. • Understand the concepts of choices and consequences and personal responsibility. • Accept feedback from staff and peers. • Address the primary defense mechanisms of substance abuse: denial, minimization, justification, rationalization, victimization, etc. • Understand the effects of substance on your biopsychosocial and spiritual development.
Phase III: Social Skills: Two Months
<ul style="list-style-type: none"> • Explore solutions to issues presented in group. • Exhibit behavior changes related to better understanding of self. • Become accountable to group members. • Demonstrate consistent positive behavior. • Process successes & failures in group regarding changes attempted. • Understand and implement social skills in everyday living. Show understanding of healthy boundaries, healthy relationships, and coping skills for negative emotions. • Show responsibility in work assignments and role modeling.
Phase IV: Re-Entry: One Month
<ul style="list-style-type: none"> • Engage in ongoing exploration of issues presented in group. • Seek to explore underlying issues related to presented problems. • Formulate a “plan” to address issues. • Understand the concepts of patterns of usage and relapse & recovery. • Assume leadership roles within group and on unit. • Look beyond self to others and how past actions affected others. • Explore how you have worked toward regaining the three values you lost as a result of drug and alcohol use. • Complete a thorough Relapse Prevention Plan.

Therapeutic Community Features of the Setlen Program

As stated previously, there were several distinctively TC features of the proposed Setlen program. They included: 1) an intensive regimen of group therapy, 2) youth job

assignments within the community, 3) the Community Intervention Team, and 4) a distinctive language.

Group Therapy

As designed, the program was to consist of five main groups, as well as individual therapy sessions with the treatment counselors. The groups, as described in the *Setlen House Therapeutic Community Handbook*, were as follows.

Goals Group

The Goals group meets first thing in the morning and is led by a Youth Supervisor or a given youth. The purpose of the Goals group is for the youths to establish workable, realistic, attainable, and measurable goals relating to areas they are working on in treatment. The youths can set their own goal, no matter how small, as long as it is specific and positive, leading toward their progress. The youths will be asked to review their goals in that evening's Reflections group. The group is closed with the Serenity Prayer.

Static Group

Each youth is assigned to one of the primary counselors. The purpose of the Static group (also known as the Primary group) is to provide primary counselors and youths in their caseload the chance to spend time in a more intimate setting discussing personal issues and developing rapport and trust with one another. The Static group is an opportunity for clients to read and discuss treatment work with their primary counselor and peers. The intended result is for the youths to find out that they are more alike than different.

Lecture/Topic Group

The Lecture/Topic group serves to provide the youths with information for discussion regarding a specific subject related to their treatment or recovery. To begin the group, the facilitator welcomes the youths to Lecture/Topic group and explains the purpose of the group and what the topic of the day is. After the presentation is made, the youths may be broken down into smaller groups at the direction of the facilitator. At the close of the group everyone comes back together in a standing circle. A moment of silence is observed and the youths can make a short statement about what the group meant to them.

Conflict Resolution Group

The purpose of the Conflict Resolution group, also called the Community group, is for the youths to learn healthy ways to express their feelings with one another. The youths are taught to resolve conflict by talking and listening. The Conflict Resolution group stresses the difference between “what you do and who you are.” The youths learn to accept feelings as a normal part of life and how to deal with them in a healthy way. Accepting feedback from others and looking at how a youth’s actions may be creating problems for him are also skills taught in this group. The youths are instructed to think about changes that they may want to make in the way they act and answer the question “Is how others see me the way I want to be seen, and what is the payoff for me?”

Reflections Group

The Reflections group takes place at the end of the day and is led by either a youth supervisor or a given youth. The purpose of the Reflections group is to put

closure on the day in a positive way by the youths reviewing their goals set in Goal group. The group is ended through recitation of the Serenity Prayer.

Youth Job Assignments

As stated in the program handbook, respect and responsibility are learned through job performance. It is believed that jobs present youths with the opportunity to develop new skills, increase their self-esteem, and demonstrate their abilities to cooperate with others in the "family."

Four levels of work assignments were identified by Interventions. Progression up the levels relates to more responsibility and respect within the community. The four levels are as follows:

Figure 4.2: Setlen Program Work Hierarchy

Crew Member	Performs general maintenance jobs throughout the community. Lowest rank within the community.
Crew Leader	Responsible for the operation of a specific department.
Aide	Assists staff with office tasks.
Communications Team	Documents house activity; responsible for orientation, posting of new members, scheduling, taking group attendance, etc. Highest community rank.

Community Intervention Team (CIT)¹⁰

The purpose of the CIT is to review the behavior of problem youths on the cottage. All youths could be subject to CIT review, and such review could occur at the discretion of the team; no specific incident was required. This was perceived as a benefit of the CIT because an intervention could occur at any point, even prior to a specific negative act. According to those interviewed, the purpose of the CIT was for

¹⁰ Although the role of the CIT was not specified within the Youth Handbook, information presented in this section regarding its structure and purpose was obtained during staff interviews.

youths to offer their peers positive support. Composition of the CIT included between six to eight youths¹¹. One youth supervisor and a minimum of one Interventions' staff member also attended each meeting.

Following a review, the CIT had the authority to offer punishment recommendations. The recommendation then was forwarded to the program director, who had final authority. Most recommended punishments involved a loss of privileges, such as recreation time or the opportunity to order food from off-grounds.

Unique Language

A fourth element commonly found within TCs is the utilization of various house tools and terms, also referred to as a unique language. Designed to increase the structure of the TC and make treatment more "formal" and "unique," such a language was included within the design of the Setlen program. It was to be used by all members of the community, including the youths and staff.

As presented in Appendix C, 32 specific terms were included within the youth handbook. These included, for example, "gut level," which is defined as a serious, open and honest conversation, and "LOP," a loss of privileges. Also included in Appendix C is the delineation of various therapeutic community house tools. An example of a house tool is a "staff relate," which is a slip that a youth completes when he wishes to speak with a staff member.

¹¹ It is unclear how the youth ended up on the CIT. However, based on information from interviews with staff members and during the youth focus groups, it appears that despite attempts to have the youth select members through a "vote," most youth actually may have been selected by Interventions staff.

Disciplinary Structure

Within the Setlen program, awareness is the first step toward changing behavior. The ultimate goal of the disciplinary structure was to effect behavior by making the youths aware that all choices have consequences. As designed, there were four primary components of the disciplinary process (see Figure 4.3).

Figure 4.3: Disciplinary Structure of the Setlen Program

Pull-Up	Verbal reminder about a negative behavior of which a youth needs to be made aware. Can be issued by staff or peers.
Help Note/Slip	Written statements about a positive or negative behavior of which a youth needs to be made aware. Help notes are to be read and discussed in group. Can be issued by staff or peers.
Behavior Action Ticket (BAT)	Institutional-wide formal method of discipline. Written identification by a staff member about a positive or negative behavior committed by a youth. Within the Setlen community Help Notes may turn immediately into a BAT. BATs are tied to a negative consequence so that a Learning Experience accompanies its issuance.
Institutional Disciplinary Reports (IDRs)	Institutional-wide formal method of discipline. Address major issues, beyond which are covered in BATs. Violations of program rules (minor infractions) can be handled by a DOC (in-building) staff member. Reports for aggressive behavior (major infractions) are brought to the attention of the Institutional Adjustment Committee.

Aftercare

Prior to program completion each youth must have a Continuing Care Discharge Plan established. This document identifies all follow-up activities and referrals, such as attending AA/NA meetings that are required for the youths. A telephone number is to be provided for each activity/referral made. According to the proposal submitted by Interventions, the program director

. . . will coordinate with the Juvenile Field Services staff who are employees of Interventions and are located at Juvenile Field Services offices in Rockford, Chicago, and East St. Louis. This coordination will ensure the best aftercare plans are developed in active consultation with community resources. Whenever possible, the Interventions' field service case manager comes to IYC St. Charles to meet with youth about to be discharged to ensure smooth transition (p. 28).

Section Two: The Setlen Youth

The identification of youths for placement into the Setlen program occurred during the summer of 1999. IDOC staff selected youths who met the following criteria: 1) youth had a history of substance abuse, 2) youth's drug usage was gauged as "moderate" or "severe" based on a standardized drug treatment instrument, 3) youth had at least 6 months remaining on his sentence, and 4) youth did not have a significant psychiatric history as determined by a mental health professional. From the list of youths initially selected, some were assigned to the program, others were wait listed, and a few were deflected. Most often youths were deflected because they lacked the necessary amount of time required for program participation (i.e., a minimum of 6-months).

During interviews with IDOC staff members, it was reported that they "stacked the deck" with respect to the first cohort of Setlen youths. This was done intentionally because only ½ of the program initially was implemented. They wanted to be able to split the Setlen group a few months later and open the second half of the house (Setlen B) with approximately 50% of the youths already having TC experience. Along this vein, three groups of youths were excluded from consideration: 1) aggressive youths, 2) youths with substantial mental health issues, and 3) intractable youths (e.g., hard core gang affiliated, narcissistic youths, etc.).

Description of Setlen Youths: The First Cohort

As stated previously, background information was collected on each Setlen program youth. Such information included demographic, social history, criminal history and drug usage data.

Youth Demographics & Social History Information

Of the initial 44 youths placed in the Setlen program, the majority (56.8%) were 16 years old at the time of institutional admission, the average being 16.6 years old (See Table 4.1). Caucasian and Hispanic youths each made up 34.1% of the youths in the program, with African Americans making up 29.5%. Nearly all of the youths had a commitment region in the northern part of the state, with 21 (47.7%) coming from Cook County (i.e., Chicago). Only 3 (6.8%) of the youths were from Central Illinois and none were from the Southern region. The vast majority of the youths in the program (84.1%) were identified as gang affiliated. Only one youth was considered a hard core gang member, while the remaining 37 youths (97.3%) were classified as associate members/members.

Table 4.1: Youth Demographics

	(n)	%
Race		
Caucasian	(15)	34.1
African American	(13)	29.5
Asian	(1)	2.3
Hispanic	(15)	34.1
Total	(44)	100.0
Age at Admission (Average: 16.6 years old)		
15 years old	(7)	15.9
16 years old	(25)	56.8
17 years old	(10)	22.7
18 years old	(2)	4.5
Total	(44)	99.9 ¹

	(n)	%
Region of Commitment		
Cook County	(21)	47.7
Northern Illinois	(11)	25.0
North Central Illinois	(9)	20.5
Central Illinois	(3)	6.8
Southern Illinois	(0)	0.0
Total	(44)	100.0
Gang Affiliated		
Yes	(37)	84.1
No	(7)	15.9
Total	(44)	100.0
Position in Gang		
Associate Member/Member	(36)	97.3
Hard core member	(1)	2.7
Total	(37)	100.0

¹Totals over or under 100% are due to rounding.

The majority (93.3%) of the youths had less than a tenth grade education at the time of intake (See Table 4.2). Eight of the youths (18.2%) had a history of special education. One third of the youths (11) had been determined to have ADHD or ADD.

Table 4.2: Youth Educational Information

	(n)	%
Last Grade Completed¹		
6 th grade	(1)	2.3
7 th grade	(5)	11.4
8 th grade	(19)	43.2
9 th grade	(16)	36.4
10 th grade	(2)	4.5
11 th grade	(1)	2.3
Total	(44)	100.1 ²
Special Education History		
Yes	(8)	18.2
No indication in file	(36)	81.8
Total	(44)	100.0
ADHD/ADD Determination		
Yes	(11)	25.0
No	(33)	75.0
Total	(44)	100.0

¹As determined at intake.

²Totals over or under 100% are due to rounding.

The majority of youths lived with their mother only prior to their incarceration (See Table 4.3). About 23% of the youths resided with both parents at the time of incarceration. Only one of the youth resided with his father prior to incarceration and two others lived with non-relatives. Twelve of the youths did not reside with their mothers. For five of those 12 (41.7%), the mothers resided either in the same town or at least within the state. Thirty-two of the boys did not share a residence with their fathers at the time of incarceration. For 8 of the 32 (25.0%), the fathers were deceased, while for another 10 (31.3%) the whereabouts of the father was unknown. The majority (75.1%) of the youths in the program had three or more siblings. Only two of the youths (4.5%) came from households with no other children.

Table 4.3: Youth Family Structure

	(n)	%
Who Youth Resided With Prior to Incarceration		
Mom and Dad	(10)	22.7
Mom	(19)	43.2
Dad	(1)	2.3
Grandparents	(6)	13.6
Aunt/Uncle	(2)	4.5
One parent & step parent/sig. other	(4)	9.1
Non relative/DCFS ward	(2)	4.5
Total	(44)	100.0
Mother's Location (if not with youth)		
In same town	(2)	16.7
In other Illinois town	(3)	25.0
Out of state/country	(3)	25.0
Deceased	(1)	8.3
Unknown	(3)	25.0
Total	(12)	100.0
Father's Location (if not with youth)		
In same town	(2)	6.3
In other Illinois town	(5)	15.6
Out of state/country	(7)	21.9
Deceased	(8)	25.0
Unknown	(10)	31.3
Total	(32)	100.1 ¹

	(n)	%
Number of Siblings		
No siblings	(2)	4.5
1-2 siblings	(9)	20.5
3-4 siblings	(20)	45.6
5-6 siblings	(10)	22.7
More than 6 siblings	(3)	6.8
Total	(44)	100.1 ¹

¹Totals over or under 100% are due to rounding.

Many of the youths seemed to have been living in home environments with criminal influences present. A history of criminal involvement by other family members was found for 20 (45.5%) of the Setlen youths (See Table 4.4). For 8 of the 20, the criminal involvement was found for siblings, while 6 of the youths showed multiple family members with criminal involvement. Eight of the Setlen youths had family members who have been in the Department of Corrections.

Similarly, it would appear that many of the youths were exposed to drug use in their home environments. Nineteen of the youths (43.2%) had at least one family member with a history of drug involvement. The files for 7 of the 19 (36.8%) indicated that their father had a history of drug use, 7 others had multiple family members with a history of drug use.

Table 4.4: Youth Family History of Legal and/or Drug Involvement

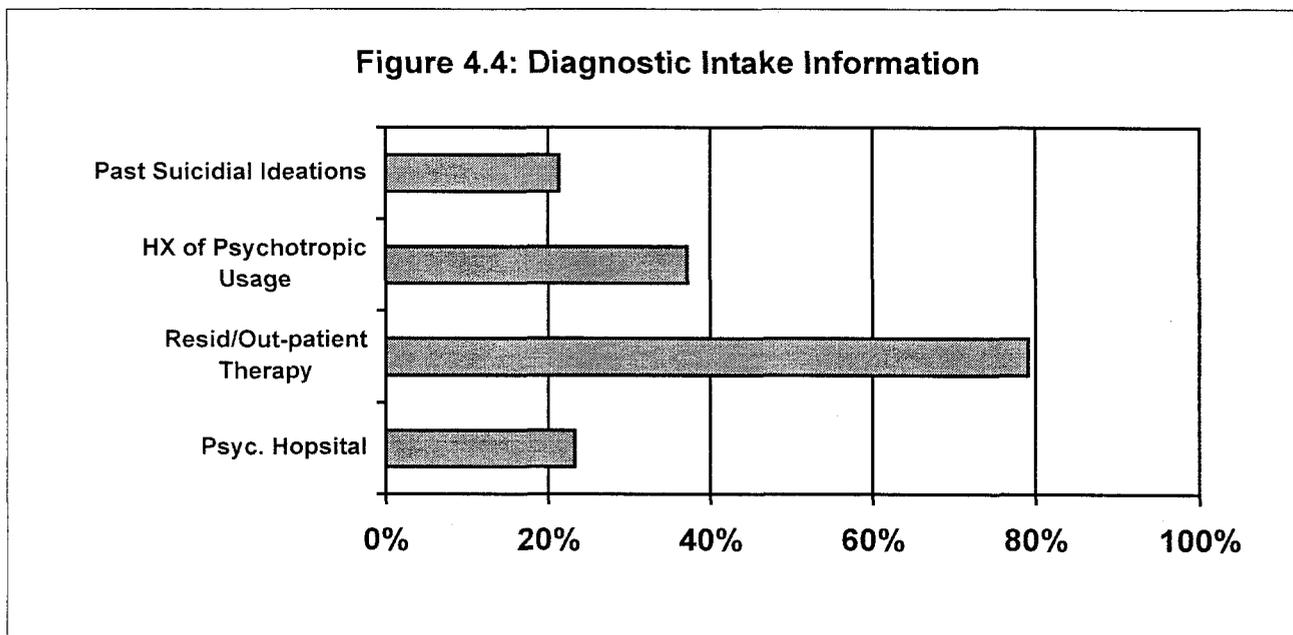
	(n)	%
History of Family Criminal Involvement		
Yes	(20)	45.5
No indication in file	(24)	54.5
Total	(44)	100.0
Who in Family Has Criminal History		
Father	(4)	21.1
Mother	(1)	5.3
Sibling	(8)	42.1
Multiple family members	(6)	31.6
Total	(19) ¹	100.1 ²

	(n)	%
Family Member Been in DOC		
Yes	(8)	40.0
No indication in file	(12)	60.0
Total	(20)	100.0
History of Family Drug Involvement		
Yes	(19)	43.2
No indication in file	(25)	56.8
Total	(44)	100.0
Who in Family Has a Drug Using History		
Father	(7)	36.8
Mother	(4)	21.1
Sibling	(1)	5.3
Multiple family members	(7)	36.8
Total	(19)	100.0

¹ Information missing regarding one (1) Setlen youth.

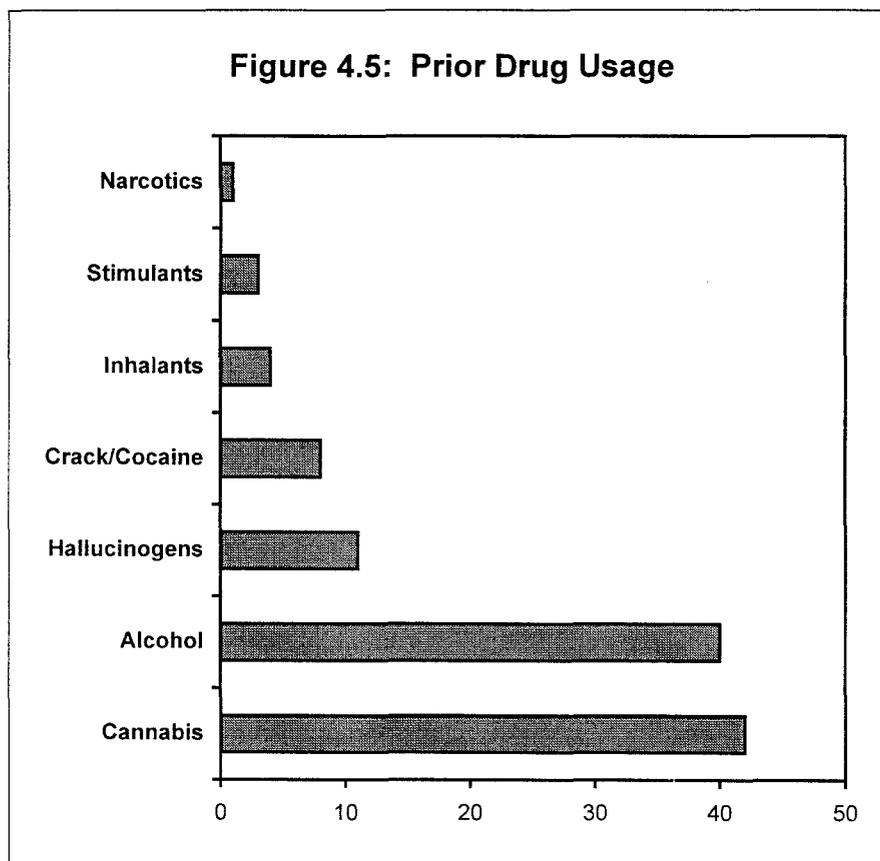
² Totals over or under 100% are due to rounding.

Approximately one-fourth of the Setlen youths previously have been hospitalized for psychiatric issues (See Figure 4.4), while the majority has a record of prior residential placement or outpatient therapy. A history of psychotropic medication use was found among 37.2% of the Setlen youths, with about one-fifth also having past suicidal ideations, threats, or attempts.

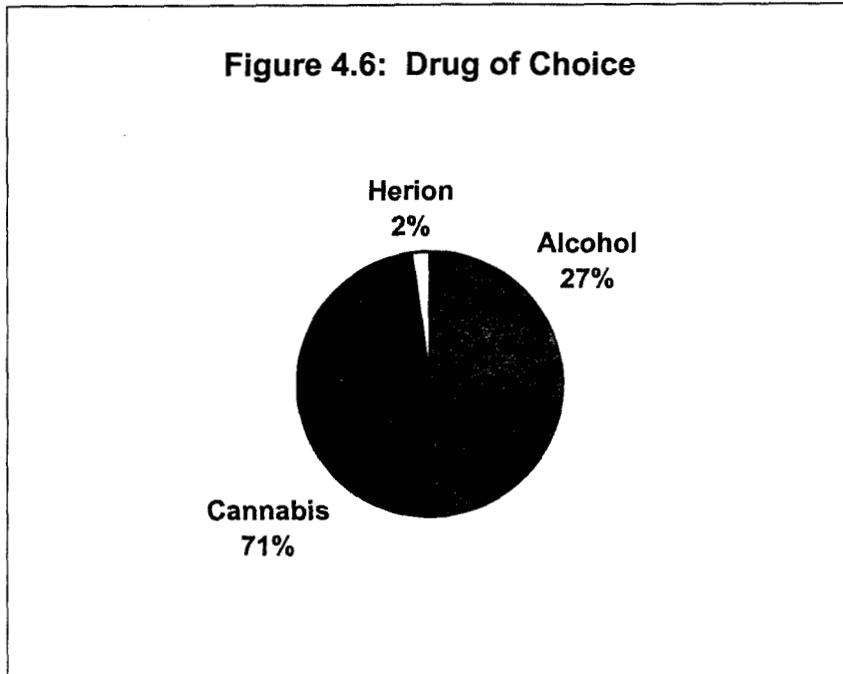


Drug Usage

As illustrated in Figure 4.5, the majority of Setlen youths reported they previously had used alcohol and cannabis. Approximately one in five also have experimented with hallucinogens (i.e., LSD and PCP) and crack and/or cocaine. These youths also reported using stimulants such as amphetamines and ecstasy, inhaling nitrous oxide and embalming fluid, and taking narcotics (e.g., heroin).



Given the popularity of cannabis and alcohol, it is not surprising that those two substances also are the drugs of choice among Setlen youths. Over 70% of these youths identified cannabis as their drug of choice, with an additional 27% selecting alcohol. One youth reported that his drug of choice is heroin (see Figure 4.6).



More than two-thirds (39.2%) of Setlen youths reported that they were poly drug users, with an average of 2.55 different drugs being used. When asked at what age they began using, most reported between the ages of 12 and 15 (n=33). An additional eight youths stated that their drug use began prior to age 12, and one did not begin using until he was 16 years old. When these youths' drug usage was assessed upon arrival at the IDOC, the majority (78.8%) were categorized as being "severe" abusers, with an additional 18.2% labeled as "moderate" abusers. One Setlen program youth was assessed as having only a "mild" problem.

Criminal History

Criminal history information was collected for each Setlen youth. This included information regarding their current offense, as well as information regarding prior offenses committed by each youth. It should be noted that this information was

inconsistently found within the youths' files. As such, it is believed that the extensiveness of these youths' criminal records may be underreported.

Current Offense

At the time of their placement into the Setlen program, approximately three-quarters (n=32) of the youths were serving their initial commitment to the Illinois Department of Corrections (see Table 4.5). Seven others were parole violators, while the remaining five were court evaluation returns.¹² Among the 32 youths serving their first commitment, half were placed in the department after violating their probation (having received a technical violation and/or new offense violation) and half were sent directly to the IDOC. The majority of youths were found guilty of serious offenses, as indicated in approximately two-thirds being brought in for Class 1 or Class X offenses.¹³ Most youths had committed offenses against people (43.2%), such as aggravated battery and armed robbery, followed by property offenses (34.1%). Across all crimes, residential burglary was most commonly committed (22.7%), followed by armed robbery (13.6%).

¹² Within Illinois, a judge may place a youth in a juvenile youth facility for a period of 90-days in order for the completion of an evaluation. After that 90-days, the youth is returned to court, where the judge determines whether the youth should remain in the community or be kept at the youth facility. Youth who are returned home, but then fail to abide by court orders, may be returned to the IDOC. Upon their return, they are admitted as court evaluation returns by the IDOC.

¹³ Penalties for crimes committed in Illinois are classified in the following order, starting with the most serious: murder in the 1st degree, Class X felony, Class 1 felony, Class 2 felony, Class 3 felony, Class 4 felony, Misdemeanor Class A, Misdemeanor Class B, and Misdemeanor Class C.

Table 4.5: Youth Current Offense

	(n)	%
Current Admission Type		
Initial commitment	(32)	72.7
Court evaluation return	(5)	11.4
Technical parole violator	(7)	15.9
Total	(44)	100.0
Class of Current Offense		
Class X	(13)	29.5
Class 1	(13)	29.5
Class 2	(8)	18.2
Class 3	(3)	6.8
Class 4	(6)	13.6
Misdemeanor A	(1)	2.3
Total	(44)	99.9 ¹
Type of Current Offense		
Person offense	(19)	43.2
Property offense	(15)	34.1
Drug offense	(3)	6.8
Weapon offense	(4)	9.1
Sex offense	(1)	2.3
Other offense	(2)	4.5
Total	(44)	100.0

¹ Totals over and under 100% are due to rounding.

Prior Offenses

Information gathered from each youth's master file revealed that the majority of youths had police contact prior to their current offense, ranging from informal station adjustments to actual arrests. As presented in Table 4.6, program youths averaged 4.7 prior police contacts, 2.0 prior arrests, and 1.2 prior convictions.

Each offense that resulted in some police contact was categorized by the type of offense it was—person, property, drug, weapon, sex, and other. As displayed in Table 4.6, property offenses were most common, followed equally between person and drug related offenses. Seven youths had prior police contact for a weapons offense, and

three for sex offenses. "Other" crimes for which the youths became involved with the police commonly included disorderly conduct and obstructing justice.

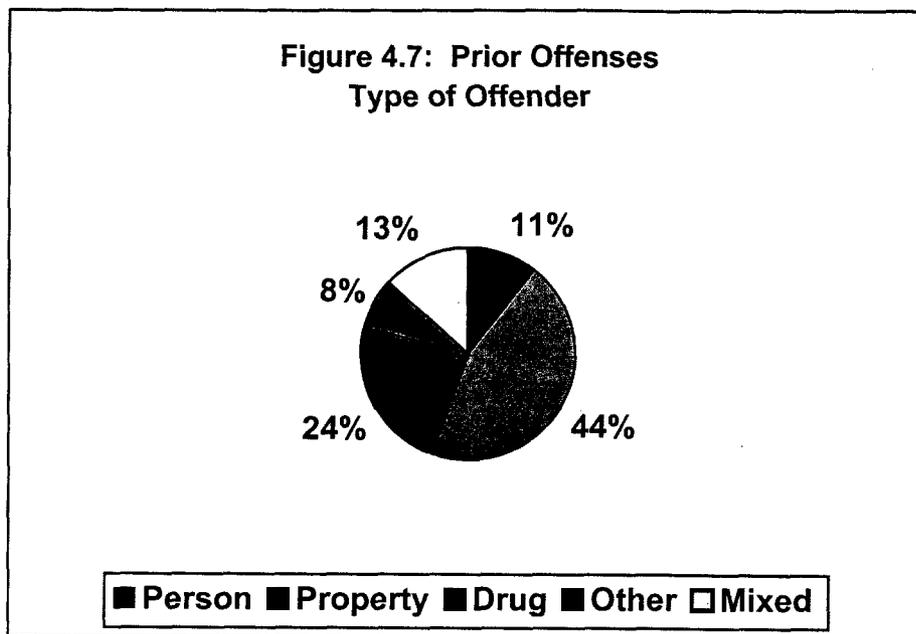
Table 4.6: Youth Prior Police Involvement

	(n)	%
Prior Police Contacts		
None	(3)	7.1
One	(7)	16.7
Two	(3)	7.1
Three	(5)	11.9
Four	(3)	7.1
Five	(4)	9.5
Six	(9)	21.4
Seven	(4)	9.5
More than seven	(4)	9.5
Total	(42) ¹	99.8 ²
Mean: 4.7, Median: 4.5, Standard Deviation: 4.1, Min/Max: 0 to 22		
Prior Arrests		
None	(11)	26.2
One	(10)	23.8
Two	(5)	11.9
Three	(5)	11.9
Four	(6)	14.3
Five	(4)	9.5
Six	(1)	2.4
Total	(42) ¹	100.0
Mean: 2.0, Median: 1.5, Standard Deviation: 1.8, Min/Max: 0 to 6		
Prior Convictions		
None	(15)	35.7
One	(13)	31.0
Two	(7)	16.7
Three	(6)	14.3
Four	(1)	2.4
Total	(42) ¹	100.1 ²
Mean: 1.2; Median: 1.0; Standard Deviation: 1.2, Min/Max: 0 to 4		

¹ Information missing regarding two (2) youths.

² Totals over or under 100% are due to rounding.

Based on their prior record of police involvement, each program youth was classified according to his previous offenses. The “type” of offender each youth was determined to be was based on the most common offense type for which he had prior police contact. For example, if a youth had one prior person offense and two prior drug offenses, he was classified as a drug offender. As depicted in Figure 4.7, the greatest percentage of youths was property offenders, with drug offenders being the second most common. Slightly more than 10% of the youths were classified as “mixed” offenders as they had committed a variety of different offenses, with no one crime type being predominant. Interestingly, although the greatest percentage of youths currently were incarcerated for crimes against persons, only a small number of youths predominantly commit these types of crimes.



CHAPTER 5: OPERATION OF THE SETLEN PROGRAM

To recap, the Setlen program became operational September 30, 1999, more than 2 years after it was first announced within IYC St-Charles. This delay caused confusion and frustration among the IDOC staff members who indicated initial interest in the program. Four contractual staff members hired by the contractual vendor, Interventions, staffed the program. However, they were slow to be hired and typically didn't come on grounds until just prior to program implementation. While the program director had prior correctional-based treatment experience, the counselors generally were new to the field. They received only minimal training; most training was on-the-job. Among the youth supervisors, training was considered a priority. Considerable effort on the part of the institution was directed toward ensuring this staff was trained.

The program was to last 6 months, during which time the youths were to progress through four treatment phases. The following distinctively TC features were included in the program's design: 1) an intensive regimen of group therapy, 2) youth job assignments with the community, 3) a unique language, and 4) positive peer support via the CIT. Upon completion of the program, all youths were to transition into an aftercare program. When viewed within the context of the adolescent TC literature, however, few modifications were readily apparent in the Setlen program. For example, limiting the use of peer pressure, and allowing less participant input with respect to community management, two recommended modifications, were not incorporated into the design of the Setlen program.

Forty-four youths were included in the initial Setlen program cohort; all 44 were placed into the program on or about the same day. Only one-half of the allotted

treatment bedspace initially was filled (i.e., the bottom floor of the cottage) with participants so that the program could ease into operation. It was determined that once the program was operating smoothly, the rest of the house would become operational.

The typical Setlen youth was approximately 16 years old, non-Caucasian, and from northern Illinois. Despite his age, he had less than a tenth grade education. He rarely lived with both parents, and most often resided with his mother. He frequently did not know where his father was, or his father was deceased. He typically was gang affiliated.

Many of the characteristics of the Setlen youth parallel characteristics of adolescents entering TC treatment programs identified in the literature. For example, other family members commonly were criminally involved. Also, a history of parental drug usage was often seen. While he probably had not been hospitalized for psychiatric issues, he generally had received prior residential and/or outpatient therapy. He typically was a poly-drug user, and cannabis and/or alcohol were his drugs of choice. He started using drugs between the ages of 12 and 15. The typical Setlen youth had a history of prior police contact, including previous arrests and convictions. He currently was serving his initial commitment to the IDOC, having been found guilty of a serious offense.

Program Operation

Figure 5.1 displays the major operational events that transpired during the first 9-months of program operation.

Figure 5.1: Major Operation Events

05/20/99	Contract signed between Interventions and the IDOC
08/16/99	Program manager starts
09/13/99	Two counselors hired
10/01/99	Programming begins
10/01/99	Take over of Interventions by Cornell, Inc. occurs. Interventions' contract is given to the Caritas Consulting Group
10/25/99	Community Intervention Team (CIT) is formed
11/06/99	Community youth jobs are approved and assigned
11/08/99	Lead counselor starts
12/06/99	Community youth jobs component begins
12/15/99	Community youth jobs are discontinued--CIT is disbanded by the IDOC
02/2000	IDOC reinstates one (1) community job
04/2000	IDOC reinstates two (2) additional community jobs
05/12/00	IDOC informs Interventions' staff that the contract is in negotiation and that a gate block is engaged for Interventions' staff--program halts
05/16/00	Individual Service Contracts are set up for existing Interventions' staff--programming resumes
05/26/00	Interventions' staff submit resignations en masse
06/07/00	Interventions' staff last day--program halts

As indicated, programming commenced on October 1, 1999. Rather than describe each event, Setlen's operation will be discussed in the context of answers to four programmatic questions:

- **Did the program fit within the institutional environment?**
- **Was the program operating as a therapeutic community?**
- **Were the appropriate offenders selected for program participation?**
- **Were any short-term impacts evident within the kids?**

To what extent did the Setlen program fit within the larger correctional social system?

As stated by Castellano and Beck (1991), "... the importance of a substance abuse program's 'fit' within the correctional environment is much greater, and more immediate, for the therapeutic community . . ." (p. 125). Without proper integration into the larger correctional social system, the program's ability to meet its goals, positively impact the lives of its clients, and even ultimately survive, is placed in jeopardy.

It is important that new correctional-based programs are integrated into both the vertical and horizontal structural dimensions of the institution. With respect to the vertical dimension, programs can be viewed as having high or low operational autonomy, while along the horizontal dimension, programs can be viewed as having high or low levels of interaction and cooperation with other institutional units at about the same hierarchical level. From Interventions' perspective, the Setlen program was to be highly autonomous from the correctional administration, as is typical for most therapeutic communities. However, the program was not to be an island in and of itself. Even though the Setlen youths generally were kept separate from other youths, the treatment provider was under the impression that they (the treatment provider) would

interface and cooperate with other institutional units, such as clinical and recreational staff. On the other hand, while IDOC staff also believed that the treatment program would have linkages with other correctional units, they did not perceive the program as totally autonomous.

Perhaps due to the pressures felt by all to just get the program operational, discussions between Interventions and the IDOC held prior to program implementation unfortunately centered more on individual TC elements than on setting clear demarcations of authority. Described by some in retrospect as “never being on the same page,” the Setlen program did not “fit” within the larger correctional social system. With unspoken expectations differing from the onset, operational problems immediately surfaced.

Security

Within a short time, it became obvious to the research team that the two staffs (IDOC and Interventions) had differing perceptions as to how security should be handled within the cottage. The question became: Whose rules should be followed, IDOC rules or Interventions’ rules?

It was reported that some security staff members were a little uneasy and/or unsure on how to handle Setlen youths. For example, according to one staff member, certain security staff members were very “unnerved” by the youths being out of their rooms. While a necessary element of the program, at times this was contrary to standard procedures within the IDOC. On the other hand, at times the Interventions’ staff members had difficulty understanding the security concerns voiced by IYC staff members and appeared to the research team and to the IYC staff members to be more

“lax” in their attention to security issues. Probably due to the short time frame from their hiring until program implementation, these staff members never received the institutional security training required of all new IDOC employees. Compounded with their general lack of experience in dealing with incarcerated youths, it was not atypical for Interventions’ staff to breach basic security rules. To illustrate, if a private issue surfaced with a particular youth, Interventions’ staff members would take that youth to the program office and lock the door to ensure privacy. However, because IYC security staff members did not have a key to the program offices, this action was viewed as a major security issue. Neither the youths nor the staff member’s security could be assured.

Shortly following program implementation, all program staff was told that IDOC security rules were to be enforced and that departmental rules superceded the therapeutic aims. As such, the program enjoyed little autonomy with respect to security. While over time security issues became less problematic, some IDOC staff members remained concerned about the breaches of security occurring at Setlen house. There was a sense among certain staff members that Interventions was deliberately ignoring the security rules, perhaps based on a misperception about the dangerousness of the program youths. However, throughout the course of program operation, it was reported by both IYC and Interventions staff members that the strongest relationship Interventions’ staff members fostered was the one with the IYC security staff members (horizontal integration). Although this was truer with the upper level security staff members, by being physically together on the unit, better communication and cooperation among these groups developed.

Scheduling

A second area in which Interventions' fit was assessed was in regards to how the program's schedule meshed with other institutional/youth requirements. Typically found in most TCs, the Setlen program was to operate around a set daily routine. The youths' day was heavily structured, with five separate treatment groups scheduled. As would be expected, throughout the course of program operation, a number of changes were reported with respect to the daily schedule. Although some interviewees reported that the schedule worked fairly well, others reported that there were numerous problems. Voicing the majority of scheduling concerns, Interventions' staff reported being very frustrated with the lack of support they received from IDOC employees in ensuring all youths attended the group treatment sessions. Even among IDOC staff members assigned to the Setlen program, several interviewees noted that Interventions' staff received little cooperation from IDOC employees outside of Setlen house; the house was treated as "just another cottage." To illustrate, it often was impossible for the security staff to return the youths to the cottage on time for their 12:30 group because the youths were late in being served lunch. As such, all remaining groups would be late, generally at the expense of the last non-group related event of the day (i.e., recreation time). The lack of ample recreation time was viewed as problematic by staff and youths alike. Furthermore, as time passed, the treatment provider reported they had lost control of requiring all youths' attendance at group meetings. This was evidenced by the frequency with which increased numbers of youths were missing group meetings because of work assignments elsewhere on the institutional grounds.

In summary, along a vertical dimension, Interventions attempted to control the youths' schedule and assert some autonomy in program operation. However, because of weak horizontal integration, they never were successful in their efforts. Interventions staff members seemed to lose control of their program as other institutional priorities took precedence.

Staffing

It is always difficult to bring contractual staff into a correctional institution. Viewed as "outsiders," these new staff must prove their abilities, while being careful not to behave contrary to the institutional norm. Given a program as structured as this therapeutic community, it was imperative that the staffs (i.e., Interventions and IDOC) share common programmatic goals and foster a strong working relationship. To ensure cooperation of IDOC staff outside of Setlen house, the program needed to receive recognizable support from IYC-St. Charles administration. Unfortunately, for the most part little success was achieved in "blending" these staffs together. Furthermore, while the program did receive some support from IYC administration, it was not enough to truly affect how the program was viewed and treated by others within the facility.

From the onset, there was substantial confusion and anxiety with respect to the Setlen program. Although a great degree of importance was placed on ensuring adequate staff training prior to program implementation, much was left to determine after the program was implemented. Additionally, although time and attention had been given to the security staff, the IYC counseling component of the program was basically ignored. One IYC staff member reported that at the time, the IYC counseling staff members were very "anxious" about the program. During interviews held prior to

program implementation, several clinical staff members remarked that their roles within the community had yet to be defined and that they were “playing it by ear.” Although cautiously optimistic, most of these staff members seemed interested in working with the new staff and assisting with group facilitation.

Even prior to program implementation, some concerns surfaced with respect to the contractual staff. It was known within the institution that the salary advertised for the contractual counselors was approximately \$22,000 per year, considerably lower than the range offered for IDOC counselors (\$27,420 to \$38,964). This caused some staff members to speculate on the qualifications of the potential applicant pool. As stated previously, the delay in hiring staff caused some concern for those within the IDOC because it resulted in insufficient time being allotted for these new staff to be properly training with respect to IDOC security procedures. These two factors greatly contributed to the negative opinions that many IDOC staff members would develop about those from Interventions.

The staff hired included two Caucasian men and two Caucasian women, a staff contingent that was viewed negatively by the IDOC staff associated with the program given that two-thirds of the Setlen youths were in minority racial groups. In their proposal to the IDOC, Interventions had recognized the need for a racially mixed staff, as illustrated by the following statement: “We will emphasize recruitment of staff from minority groups in an effort to engage a counseling staff that approximates the racial and ethnic mix of the clients to be served” (p. 29). However, due to the difficulties of hiring people in this salary bracket, the program was happy to have the staff it acquired. From Interventions’ perspective the staff was a good mix as it included a program

manager who had considerable experience running treatment programs within correctional settings, a counselor who previously had worked as a correctional officer, a counselor who was an ex-addict, and a senior counselor who had a number of years of experience in the field. Reportedly, the lack of experience of the two counselors was preferred. As explained, the program manager wanted to “mold” the staff, and not be held back by any preconceived notions an experienced staff might have with respect to drug treatment.

However, despite any problems IDOC staff members had with the qualifications of the counseling staff, the personality conflicts that emerged between the program manager and many of the IDOC staff proved most detrimental to creating a “fit” between the program and the institution. Some within the IDOC questioned her leadership, and felt that with better guidance and training, the inexperienced staff could have developed into productive counselors.

On the other hand, while the Interventions’ staff clearly did not mesh well with the IDOC, most agreed that the IDOC clinical staff “never bought” into the program and were not vested in the program’s success. These comments were voiced by Interventions and IDOC staff members alike. Whether the clinical staff initially felt somewhat threatened by the introduction of a TC is unclear, it is obvious that this group vocalized their negative opinions regarding the quality and professionalism of Interventions’ staff to others at the IDOC.

Summary

Results from data collected during the first 9-months of program operation indicate that the Setlen program did not “fit” within the larger correctional system.

However, even during interviews conducted prior to program implementation, a brief glimpse of the problems that lay ahead were apparent. Roles were not defined, expectations were unclear, and a power struggle for program control seemed likely. Little attention and/or agreement was reached on important factors such as youth discharge criteria and internal security and disciplinary procedures.

Was this program operating as a therapeutic community?

In order to determine whether the Setlen program truly was a therapeutic community, various programmatic elements need to be considered. As discussed previously in this report, TCs are residential programs where participants are involved in all aspects of program operation. The person is the focus of treatment and the key to program success is “right living.” The sense of a community environment is an important element of the TC, and all staff and participants have tasks, responsibilities, rights, and duties that are similar to those found within a family. The family structure is hierarchal in nature and offers the participants an opportunity to be in a position to have various responsibilities. Most programs are designed around a formal structure, having routines and set times for program activities. Within the structured schedule, time is allotted for groups, counseling, jobs, and other activities that teach the participants such things as self-discipline, self-worth, and respect for authority. Both group confrontation (when rules and/or values are breached) and supportive peer feedback are key elements to the treatment process. However, as previously noted, few if any, modifications to the traditional TC approach were made for dealing with an incarcerated adolescent population.

As *designed*, the Setlen program incorporated many of the features traditionally found in TCs. Elements such as group confrontation, house tools, and a hierarchal job structure were all proposed. Youth self-respect and respect for others was considered essential, as was personal and social responsibility. Several groups were to be established, and the program to occur over several phases of treatment.

During the first two months of program operation, Setlen program staff members began implementing many of the proposed TC elements. Various treatment groups were established, and the unique language and house tools introduced. The CIT was formed and community jobs were approved and assigned to participants.

However, as will be discussed below, while the program initially got off to a good start, various problems and setbacks quickly surfaced. Primary TC elements immediately were affected, and in many respects what resulted bore little resemblance to the proposed program.

Element #1: Treatment Groups

Formal groups began on October 9, 1999. Five different types of groups were implemented – Goals group, Lecture/Topic group, Community group, Primary group (also referred to as the Static group), and Reflections group. As a core element of a TC, the treatment groups were assessed across a number of dimensions. First, information was gathered from the youths' treatment files to determine the frequency of groups, both in terms of the number of times each group was offered and the length of group meetings. Second, data were collected regarding the amount of time youths actually spent in group sessions and the number attended. Third, both youths and staff

members were asked to evaluate the utility and/or effectiveness of these group meetings.

Due to the time intensive nature of collecting individual treatment hour information from case files, a random sample was selected via the random case generator in SPSS for this portion of the evaluation. A 22.5% sample of the Setlen youths (n=10) was selected. As stated previously, the Setlen program was to include 6-months (approximately 26 weeks) of treatment. Data were collected from each file in the sample for all weeks the youths were in the program.

Of the five groups, the Goals group and the Reflections group were offered most often, both averaging about four sessions per week over the 26-week period. Typically the Lecture/Topic group occurred three times per week, while the Community and Primary groups were held between two and three times per week (see Table 5.1). Groups were most often canceled because of counselor staff meetings. Other reasons for cancellation included house lockdown and building maintenance. Both the Goals group and the Reflections group typically lasted thirty minutes, while the Lecture/Topic and Community groups ran approximately 45 minutes per session. The Primary group was the longest of all groups, lasting approximately one hour.

Table 5.1 Average Weekly Number and Length of Group Sessions

Goals	Lecture	Community	Primary	Reflections
4.0 sessions per week	3.2 sessions per week	2.7 sessions per week	2.6 sessions per week	3.8 sessions per week
30 minutes per group	~45 minutes per group	~45 minutes per group	~1 hour per group	30 minutes per group

For the most part, youths rarely missed group meetings. Across the five groups, youths were least likely to miss the Goals and Reflections groups and most likely to

miss the Community and Primary groups. This can be explained to a large degree by the times during which these groups were offered. That is, during the day (when Community and Primary groups were offered), the youths may have had other obligations outside of the Setlen program, whereas during the early morning or evening hours (when Goals and Reflections occurred), it was less common for the youths to be elsewhere on grounds. However, after several months of program operation, some staff members reported that youths' absence from the afternoon treatment groups was becoming more of a problem. This was largely due to the placement of Setlen youths into off-cottage work details. Similarly, as will be discussed below, as time passed it became less common for the Goals group and Reflections group to be conducted on a frequent basis.

The opinions held by staff members about the utility of the groups varied greatly. Also, there was confusion as to whether all of the groups were offered and what their exact names were. To a degree this could be explained by the differing shifts worked by people and their unfamiliarity with what occurred outside of their working hours.

When asked about the groups, most staff members identified the Goals group, the Lecture/Topic group, and the Community group as being somewhat to very helpful. However, many of those interviewed felt that the groups would have been more productive if there were fewer youths per group and if there had been adequate space for groups to be held.¹⁴ Others felt that the Primary group (approximately 14 youths per

¹⁴ All 44 youth were unable to meet collectively due to space limitations in the house. As such, the youth were separated into two treatment groups, with 22 youth per group.

counselor) was more helpful because the smaller size allowed for more intimate interaction between the youths and the counselor and among the youths and his peers.

Conversely, while each of the groups also was named by at least one staff member as being unhelpful, most staff complaints centered on the Lecture/Topic group. The IDOC staff was more likely than their counterparts from Interventions to assess the Lecture/Topic group as not helpful. Certain IDOC staff members felt that the lecture topics were too mature for the youths, not always relevant to recovery, and that all the counselor did was lecture to the youths (i.e., no interaction). However, others from IDOC stated this group covered information that the youths needed to hear and positively assessed its utility. For example, one security staff member commented that the counselor running the Lecture/Topic group “makes them fun” and that he/she “wins them [the youths] over during these groups.” Also, perhaps unknown to some IDOC staff members who did not frequent the group meetings, youths were given a chance to participate even during this particular group.

With respect to scheduling, both the Goals group and the Reflections group were problematic due to their timing, at 7:00 AM and 6:30 PM, respectively. As designed, these groups were conducted by security staff personnel, some of whom did not like to run the groups because the youths were difficult to work with at these times. Specifically, it was believed by the youths that the Reflections group interfered with their recreation time, while the Goals group occurred too early in the day and interfered with sleeping time. Toward the end of the evaluation period, it was reported by both IDOC and Interventions staff members that it had become less common for these two groups

to be conducted. Some youth supervisory staff simply chose not to run the groups, while newer unit staff probably never received adequate training.

During focus group meetings held in December 1999 (approximately 2 ½ months following program implementation), some negative opinions regarding the group sessions were obtained from the youths. For the most part, the youths reported the groups were very disorganized and that the counselors lacked both knowledge about the program and any sense of where the program was going (i.e., its direction). As indicated by Setlen staff members, many youths believed there were too many groups and that they interfered with needed recreational and sleep time. However, several youths agreed that while the therapy groups hadn't really helped them with their drug usage per se, they did provide the youths with an opportunity to express themselves.

When surveyed following program completion, many youths were reluctant to offer any definitive opinions regarding the expertise of the Interventions' counselors, as indicated by the large percentage of youths who reported "no opinion" to whether the counselors knew what they were talking about (see Table 5.2). However, while over 50% of the youths surveyed continued to feel that the group sessions were not well planned, the majority reported that they got a chance to talk about their usage problem while in the program (58.3%). Of those who offered an opinion regarding treatment group size, most felt that the groups were of an appropriate size. Finally, when asked specifically what they liked about the Setlen program, youths reported that the groups not only were educational in that they provided information about drugs, they were a forum where youths learned that they share "a common bond" with their peers.

Table 5.2 Youth Opinions Regarding Groups, Post Program Participation

	(n)	%
The Interventions' counselors know what they are talking about		
Strongly agree	(3)	13.0
Agree	(3)	13.0
No opinion	(10)	43.5
Disagree	(2)	8.7
Strongly disagree	(5)	21.7
Total	(23)	99.9 ¹
I got a chance to talk about my drug/alcohol problem while in this program		
Strongly agree	(5)	20.8
Agree	(9)	37.5
No opinion	(6)	25.0
Disagree	(3)	12.5
Strongly disagree	(1)	4.2
Total	(24)	100.0
The treatment groups are too large		
Strongly agree	(2)	8.3
Agree	(4)	16.7
No opinion	(8)	33.3
Disagree	(6)	25.0
Strongly disagree	(4)	16.7
Total	(24)	100.0
The Interventions' staff plan the group sessions well		
Strongly agree	(2)	8.7
Agree	(5)	21.7
No opinion	(4)	17.4
Disagree	(4)	17.4
Strongly disagree	(8)	34.8
Total	(23)	100.0

¹ Totals over or under 100% are due to rounding.

Element #2: Community Intervention Team

The Community Intervention Team (CIT) was formed on October 25, 1999, approximately one month following program implementation. Comprised of approximately seven youths, one youth supervisor, and a minimum of one Interventions' counselor, the purpose of the CIT was to handle all disciplinary problems within the house. The group met a minimum of once per week, usually between group meetings.

Operational less than two months, the CIT was disbanded on December 15, 1999. While the reasons surrounding the dissolution of the CIT vary, most people felt as though there were those within the IDOC who were uncomfortable with youth having any power over other youth. This concern was expressed by youths' supervisory staff, clinical staff, and upper IDOC administration. There also was some concern about the language used and aggressive nature of certain CIT members. Even Interventions' staff realized there were internal problems with the team and wanted to temporarily suspend their activities. The youths who sat on the CIT were supposed to be role models, and at a minimum, follow all the basic rules and be positive participants in the community. Unfortunately, there were a number of youths on the CIT who felt and reacted to pressure from "their boys" (i.e., fellow gang members) to be more lenient.¹⁵ As a result of various problems, certain youths were removed from the CIT and its efforts temporarily suspended. Although Interventions had every intention of bringing back the CIT, it was never reintroduced into the program per IDOC mandate.

Despite the common perception that the CIT was viewed negatively by all staff involved, a number of security staff expressed a positive opinion about the team. They reported that the CIT had a positive impact on the youths and that all three parties (i.e., youths, Interventions, and IDOC) were involved in determining consequences, not just the youths. However, a general opinion among staff centered on the realization that the

¹⁵ Recall that about 84% (37 of 44) of the Setlen youths were identified as gang affiliated. Because gang affiliations tend to follow racial and ethnic lines, several major competing gangs were represented within the Setlen cohort. While no major overt gang problems were evidenced during the program, there were likely more subtle signs of gang influences. For example, Latinos held three of the five key leadership positions, including the top position in the Setlen unit, and all of the Latino members of the treatment group were identified as members or associate members of a gang.

CIT was formed too early in program operation and that culture needed to be better developed.

Only minimal comments regarding the CIT were obtained from the youths. During focus group meetings held in December 1999, some youths reported that they liked the CIT. The peer-to-peer interaction was viewed favorably as youths were able to better calm down fellow youths than were staff members. One negative comment received about the CIT involved the selection of youth membership. According to these youths, staff members selected the CIT inmate members without youth input. As such, a number of youths stated, "we don't feel like they are our representatives."¹⁶

Element #3: Community Jobs

As stated above, formal community jobs were approved and assigned on November 6, 1999. Within the TC, respect and responsibility are primarily learned through job performance. They allowed the youths to develop new skills, pride, and esteem, and demonstrate the importance of cooperation. A listing of all created positions is included in Appendix D.

Each youth was given a job; 24 different jobs were assigned. According to program staff, the youths were required to interview for their job, and in preparation for that, interviewing techniques were discussed during group meetings.

Community jobs officially began on December 6, 1999. However they were disbanded a short time thereafter (December 15, 1999). As was the case with the CIT,

¹⁶ Interestingly, these focus groups were held on the same date the CIT was officially disbanded. However, at the time of the focus group meetings, the youth had not been told of its dissolution.

the hierarchy of the positions was troublesome to IDOC administration. Again, they did not want any youth to have authority over his peers.

With regards to the impact of this decision on the ability of the program to operate a TC, clearly the inability to have a progression of rank within the work assignment organization created a major problem. As designed, promotions were to be related to youth progress in recovery.

Element #4: TC Terminology and House Tools

A fourth element commonly found within TCs is the utilization of various house tools and terms. In essence, a unique language is supposed to develop. Within the Setlen program attempts were made to introduce such a language into the vocabulary of all members of the community, including youths and staff. However, efforts in doing so were met with substantial resistance and over time proved generally unsuccessful.

To illustrate, several months into program operation, staff members were asked about the adaptation of youths to the TC language. Of the staff members surveyed, the majority reported that at best, youth adaptation was poor. One survey respondent noted that “[t]here is no consistency, most IYC staff (and also Interventions’ staff) do not support the language. The youths made attempts, but were looked down upon for doing so by other youths and some staff.”

After the first cohort completed the Setlen program, the staff was asked to again comment on the usage of the specific language, both by the youths and by the staff. With respect to youth usage, the majority of the respondents stated that the youths’ usage had not changed; the youths still infrequently used the TC language. Some respondents went on to report that they heard the language used more often prior to the

dissolution of the CIT, while another stated that the youths learned the language just to be “smart alecks.”

With respect to the staff’s usage, most of the respondents indicated they had heard the Interventions’ staff members use the language at least periodically during the week, with some stating it was used daily. Among the IDOC staff, youth supervisors were more likely to use the language than their counterparts from the clinic. One interviewee further elaborated that he/she heard a member of the IDOC clinical staff laugh when a youth used a term in his/her presence. However, even within the youth supervisory ranks there was inconsistency across people and shifts. As was with the youths, it was reported that the youth supervisory staff was less likely to use the language following the dissolution of the CIT. Also, because of the turnover that occurred within the youth supervisory ranks, not all security staff received training in the TC language. It is believed that some staff members were genuinely unaware of the terms and phrases.

Summary

As discussed above, few basic TC elements survived past program implementation. Following the first 26 weeks of program operation, what survived was a structured “out-patient” type of program that revolved around three daily group meetings. Only a weak sense of community prevailed. There was no hierarchy and an inconsistent use of the unique TC language.

The ramifications of the dissolution of the CIT were felt throughout the program, and as stated by one IDOC staff member, “the CIT was removed at a ‘critical juncture’ in program operation.” It is believed by the research team that that was a major turning

point in the program's development and that operation of a TC turned sour from that point forward. Several staff members noted that the youths blamed the Interventions' counselors for taking away the CIT and never implementing the jobs. Certain youths felt lied to and believed that Interventions' staff members "sold us a dream." According to an Interventions staff member, several youths became "disengaged" with the program, and it took months for them to trust program staff again. Perhaps the dissolution of the CIT and jobs element of the Setlen program should not have been unexpected, as their failure is congruent with the TC adolescent literature that recommends a reduced emphasis or a "softening" of these features.

In the end, however, many of the group meetings continued to operate and were viewed favorably by the majority of those directly involved on a frequent basis. While true cohesion among all "family members" (youths, IDOC staff, and Interventions' staff) never occurred, some youths still managed to develop a sense of responsibility and unity with their peers.

Were the appropriate offenders selected for program participation?

Program Admission

Originally, placement in the Setlen program was to be on a voluntary basis. However, in choosing the initial group, program officials found it necessary to mandate program participation. This decision was not lost on the Setlen youths. Of the 36 youths responding to the survey question regarding how they ended up in the program, 42% stated they had volunteered, while 58% indicated they did not. This leads to a fundamental question, was placement in the Setlen program appropriate for this group?

The data seems to support the notion that the youths placed in the Setlen program, for the most part, did indeed have significant substance abuse problems; this despite the self-perception on the part of over one-third of the youths that they had no need of treatment for drug abuse and over half who denied alcohol problems. Specifically, 37% of Setlen youths responding to the survey indicated they did not need drug treatment, while 58% stated they did not need treatment for alcohol abuse. Countering this perception, at least in terms of drug use, was the youths' own admission of substance abuse. Only four (11%) of the Setlen respondents stated on the first survey that they had not used drugs within the six months prior to incarceration, while about 18 (47%) of the treatment youths responding reported daily drug use. Fully 82% of the responding treatment youths indicated an illegal drug use multiple times per week or daily. Although 29% of the youths indicated they did not drink alcohol in the six months prior to their incarceration, thus matching the percent indicating they did not need treatment for alcohol abuse, about 45% said they were drinking at least 2 days a week or more. Table 5.3 below illustrates the extent of denial regarding the need for substance abuse treatment by some of the youths in the program.

Table 5.3: Level of Perceived Need for Treatment By Drug Level and Use

Usage Of Drugs Last 6 Months on Street	Self-perceived Need for Drug Treatment							
	Strongly Need		Need Some		Don't Need		Total	
	(N)	%	(N)	%	(N)	%	(N)	%
Every day	(6)	33%	(9)	50%	(3)	17%	18	100%
Almost every day	---	---	(7)	88%	(1)	13%	8	101% ¹
Few times weekly	---	---	(2)	40%	(3)	60%	5	100%
Once a week	---	---	---	---	(1)	100%	1	100%
Once a month	---	---	---	---	(2)	100%	2	100%

¹ Totals over or under 100% are due to rounding.

Other indicators further support the appropriateness of treatment for this group as well. According to the Setlen youths, slightly more than one-third (15; 34.1%) had been treated previously for substance abuse dependence. Official IDOC records closely parallel this figure, showing 12 as having been involved in treatment prior to their current imprisonment. Nine (20.5%) of the treatment program participants indicated one prior treatment involvement, and four (9.1%) stated they had been in treatment twice before. Moreover, nine (20.5%) of the Setlen youths indicating prior treatment stated they had been treated in an in-patient setting, and two (4.5%) maintained that they had been in treatment twice.

Finally, screening tools that were reported in the individuals' case files further substantiate the Setlen group's need for treatment services. The DASI is routinely administered to all youths entering the youth facility. Of the 44 youths in the Setlen treatment group, DASI composite scores were reported for 33. Of this number, 78.8% (26) scored in the "severe" addiction category, while another 18.2% (6) displayed a "moderate" addiction profile. Only one individual in the Setlen group had a score in the "mild" range. Similarly, 70.5% (31) of the youths scored above 70 on the MDIS (created for adolescents to measure psychological dependency on drugs). Scores above 70 match the scores of people in treatment for an alcohol or drug dependency.

In summary, indicators support the notion that the youths placed in the Setlen program were, as a whole, serious substance abusers. Although four of the ten staff members interviewed questioned the appropriateness of the placement of certain youths in the program, and, as discussed above, a number of the youths denied their need to be in the program, closer examination of these perceptions suggests that the

pivotal issue may have been the forced placement and the resistance created from it, rather than one of treatment need. Research indicates that success in programs is more limited when the treatment is imposed on offenders in an authoritarian fashion. As Lipton (1998) indicates, "Forcing or compelling unwilling offenders to participate in programs (no matter how potent the program and how needful the inmate) should be avoided, since it is unlikely to generate much more than resentment, resistance and minimal change, or worse, faked change indicating apparent compliance" (p. 10). However, participants' amenability to treatment is sufficient but not necessary for treatment effects to occur. Wexler, Falkin & Lipton, (1988) found about 60% of successful program graduates admit that they entered a treatment program while in prison for other than therapeutic reasons.

Participants' Expectations About the Program

In the first survey administered to Setlen youths, several questions were designed to focus on the youths' perspectives regarding expected program benefits. As might be predicted, youths who volunteered for the program initially had higher expectations for the program's benefit than those who believed they were placed in the Setlen program. Of those responding to the question, "Will the program help you stay clean," 13 (92.9%) believed that the program would. Only one stated that it would not. By contrast, 9 (47.4%) of those indicating they were "placed" in the program believed it would help them remain drug free, while 7 (36.8%) indicated it would not. Three (15.8%) of those indicating they were "placed" in the Setlen program stated they did not use any drugs.

Interestingly, at the time of the second survey, administered at the end of the program, of the seven youths who responded that they didn't have a drug problem on

the first survey, six agreed that the program had helped them learn to deal with their drug problem (one offered no opinion). Although this must be interpreted cautiously, perhaps one of the program's benefits was to foster insight in the youths with regard to problematic nature of their drug use, essentially moving them through the denial stage of addiction. Although again, interpretation of findings must be made cautiously due to small numbers, it also is intriguing that of those indicating they had volunteered for the program, 57% (4) said the program would help them stay clean, while 43% (3) denied that the program would help them stay away from drugs. For the group who were placed, 58% (7) said the program would help them remain drug free, but 42% (5) believed that it would not. Thus, at the time of the program's completion, only very slim majority of both voluntary and placed participants believed the program would have positive future impact on their drug use.

In general, Setlen youths initially did not believe that participating in the program would reduce the length of their sentence. However, perceptions of the impact of participation on the amount of time the Setlen youths would serve varied by whether the youths saw themselves as voluntary participants. Of the inmates who viewed themselves as having been placed in the program, 45% (9) believed being in the program would reduce their length of sentence, while 55% (11) believed participating would not help. Of the volunteers, 38.5% (5) believed their involvement would lead to a reduced sentence length, while 61.5% (8) believed it would not. Although both groups of participants were told that the Settlen program was 6 months in length, interestingly, the volunteers and non-volunteers held different initial expectations of how long they would be in the program. Those volunteering, on average, anticipated

being in the program approximately 6 months (mean= 5.9 months), while those seeing themselves as non-volunteering expected to be in the program little more than 4½ months (mean=4.57 months). Perhaps the volunteer group had a more realistic perspective on their treatment involvement, or perhaps the non-volunteers more generally denying their problem, believed their involvement would be shorter as they didn't need to be in treatment in the first place. After the program, 36.4% of the respondents placed in the program believed the program had increased their length of sentence, while a similar percentage (36.4) believed it made the sentence shorter. None of those who said they volunteered believed being in the program had resulted in a longer sentence, but two (28.6%) believed their sentence had been shortened. Four (57%) of the volunteers believed it had no effect, but only one of the placed youth (9%) indicated that it had no effect. These findings, taken with those related to perceptions of treatment impact, suggest that the volunteer group was perhaps more amenable to treatment, and initially saw benefits of their participation in terms of treatment impacts, while those maintaining they were placed in the program, looked for the program to benefit them in other terms such as an earlier release, rather than having an impact on a drug problem.

At the time of the second survey, post-program, both respondents who had volunteered and those who were placed were slightly more positive than negative that the program would help them stay free of drugs. Perhaps even more interesting was the fact that the perceptions of both groups were nearly identical on this question. Approximately 57% of those who volunteered and 58% of those who were placed believed the program would benefit them in terms of staying clean, while 43% and 42%

respectively had doubts that it would. Thus, while the volunteer group was more positive in terms of expecting drug treatment benefits going into the Setlen program, at the end of the program they were no more or less positive about the effects than those who viewed themselves as being forced into treatment. Overall, 62.5% of the youths responding on the second survey strongly agreed or agreed the program would help them with their drug problem, about 7% strongly disagreed or disagreed that the program would have an impact, and about 14% had no opinion as to whether there would be an impact or not.

In other dimensions of potential program impacts, most of the youths completing the survey at the end of the program seemed to believe they received positive personal benefits from their involvement. Due to the small number of youths available/completing the second participant survey and an even smaller number (valid responses ranged from 19 to 24) responding to particular questions, additional analysis contrasting the volunteer group with those seeing themselves as placed in the program was not feasible. Looking at the entire group responding to the second survey, roughly half (11) of those indicating what they had achieved mentioned gaining life and social skills, one youth indicated educational achievement and three (20%) of the respondents stated they received multiple benefits. About 79% (19 respondents) strongly agreed or agreed that the program had helped them learn self-respect, while only 2 of the 24 respondents (8%) strongly disagreed or disagreed that the program had helped them in this area. A similar percentage (79%) strongly agreed or agreed that the program had helped them learn about themselves, while only one strongly disagreed that it had not helped (four did not have an opinion). A sizeable percentage of the respondents on the

second survey (66%, 16 individuals) strongly agreed or agreed that program involvement had helped them deal with their anger. Again, two participants disagreed or strongly disagreed that it had benefited them in dealing with their anger, while six youths did not venture an opinion.

In conclusion, it would appear that individuals who volunteered for the program initially saw greater potential drug treatment benefits than those who believed they were coerced into participation. However, the post-program survey suggested that all participants generally saw involvement as worthwhile in terms of personal change and perceived impact on future drug use, but little difference existed between the youths who volunteered versus those who maintained they were placed in treatment, as to a perceived treatment impact on their future drug involvement.

Were any short-term impacts evident within the kids?

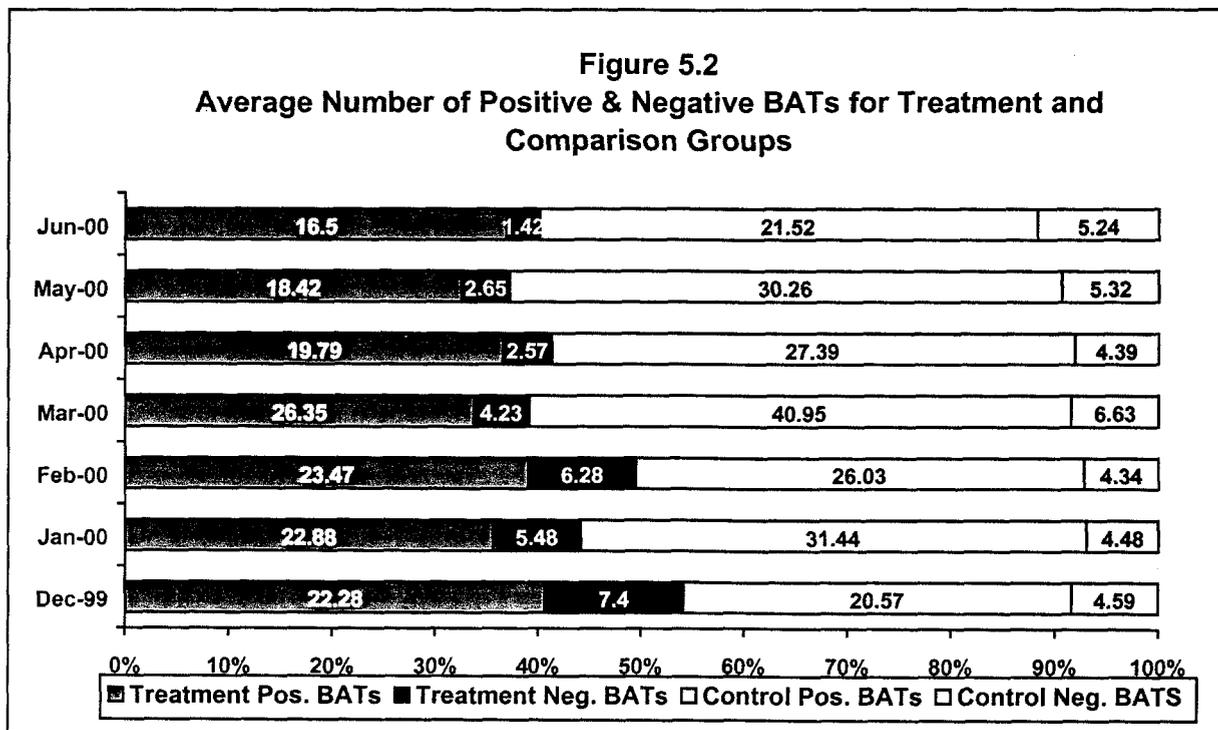
One of the guiding principles of the TC is the notion that the community creates an environment to develop and foster self-regulation of its individual member's behavior. In essence, peer pressure, applied both formally and informally, provides the community's reinforcement of positive behavior and condemnation of inappropriate behavior. If the process functions properly, the individual member gradually internalizes these values and begins governing his/her behavior. Obviously, for a drug treatment TC, one of the greatest tests of program effectiveness is whether members develop the ability to avoid behaviors leading to substance abuse. Unfortunately, in the short duration of this study, it was impossible to gauge the success of the Setlen program in this regard due to the fact that the youths were isolated within the (relatively) drug free environment of the correctional facility. However, it was possible to assess the shorter-

term behavioral control impacts of being in the program by contrasting the Setlen youths' behavior with the behavior of the comparison group. This was done by examining Behavioral Action Tickets (BATs), which are semi-formal notations given to the youths to acknowledge both positive and negative behaviors, and Institutional Disciplinary Reports (IDRs), which are formal documentation by staff of violations of institutional rules for which a youth may be formally sanctioned through a loss of privileges, good time, transfer to another facility, etc.

BATs Comparison Treatment and Non-treatment Groups

As indicated previously, behavior action tickets (BATs) are a semi-formal mechanism for institutional staff to recognize positive and negative behavior of youths. The tickets are normally destroyed at the end of each month, but the research team requested that staff maintain the BATs for collection and analysis for the months of December 1999 through June 2000. During this 7-month period for which generally complete information was available, individuals in both the treatment and comparison groups received recognition for positive behavior much more frequently than they were cited for problem behavior as reflected in the BATs (see Figure 5.2). Over this period, the treatment group received an average of 21.28 positive BATs per month and 4.29 negative BATs per month. By contrast, the comparison group received an average of 28.3 positive BATs and 5.0 negative BATs per month. Thus, it would seem that over this period, the comparison was cited more frequently for its positive behavior, but slightly more frequently for its negative behavior as well. Tests for significance (t test, unequal variances) confirm that the groups do significantly differ (.05 level) with regard to the total positive BATs (mean values=149.9 [S.D. 58.6] and 213 [S.D. 65.0] treatment

and control groups respectively) they received during the 7-month period, but do not reveal significant differences with regard to negative BATs (mean values=30.8 [S.D. 15.6] and 44 [S.D.=41.7]; totals not displayed in the figure). However, it should be pointed out that the variance in the total number of negative BATs was very high, supporting the notion that within the comparison group, youths differed widely with regard to the number of negative BATs they received.



Interpretation of these results is not at all straightforward. Clearly the comparison group was receiving more positive recognition for its collective behavior over the analysis period than was the treatment group. This may indicate that the comparison group engaged in more positive actions during the study timeframe. However, the BATs are a highly discretionary tool used by staff members as deemed appropriate. Therefore, what may be reflected in the results are differences between the Setlen treatment and custody staff and other institutional staff in how they use the BATs, rather

than actual differences in the behavior of youths in the two groups. As displayed in Table 5.4, month-by-month comparisons between the groups with regard to positive and negative BATs, unfortunately, does not serve to elucidate the findings further. No consistent pattern of differences or of improvement/decline in positive or negative behavior appears over the data collection period.

Table 5.4: Differences in Positive and Negative BATs by Month for Treatment and Comparison Groups

	Treatment Group Mean (N youth)	Comparison Group Mean (N youth)	mean difference	t value ^a	d.f.
Dec. '99 Positives	22.28 (43)	20.57 (51)	1.71	.76	92
Dec. '99 Negatives	7.4 (43)	4.59 (51)	2.81	2.26^b	92
Jan. '00 Positives	22.88 (42)	31.44 (50)	-8.56	-2.56^b	90
Jan. '00 Negatives	5.48 (42)	4.48 (50)	1.00	.89	90
Feb. '00 Positives	23.47 (36)	26.03 (38)	-2.55	-.94	72
Feb. '00 Negatives	6.28 (36)	4.34 (38)	1.94	2.10^b	72
Mar. '00 Positives	26.35(26)	40.95 (38)	-14.60	-3.30^b	62
Mar. '00 Negatives	4.23 (26)	6.63 (38)	-2.40	-1.55	62
April '00 Positives	19.79 (28)	27.39 (31)	-7.60	-1.81	57
April '00 Negatives	2.57 (28)	4.39 (31)	-1.82	-1.71	57
May '00 Positives	18.42(26)	30.26 (34)	-11.84	-2.44^b	58
May '00 Negatives	2.65 (26)	5.32 (34)	-2.67	-1.76	58
June '00 Positives	16.5 (12)	21.52 (25)	-5.02	-.98	35
June '00 Negatives	1.42 (12)	5.24 (25)	-3.82	-1.97	35

^a Significance set at .05 level, 2-tailed

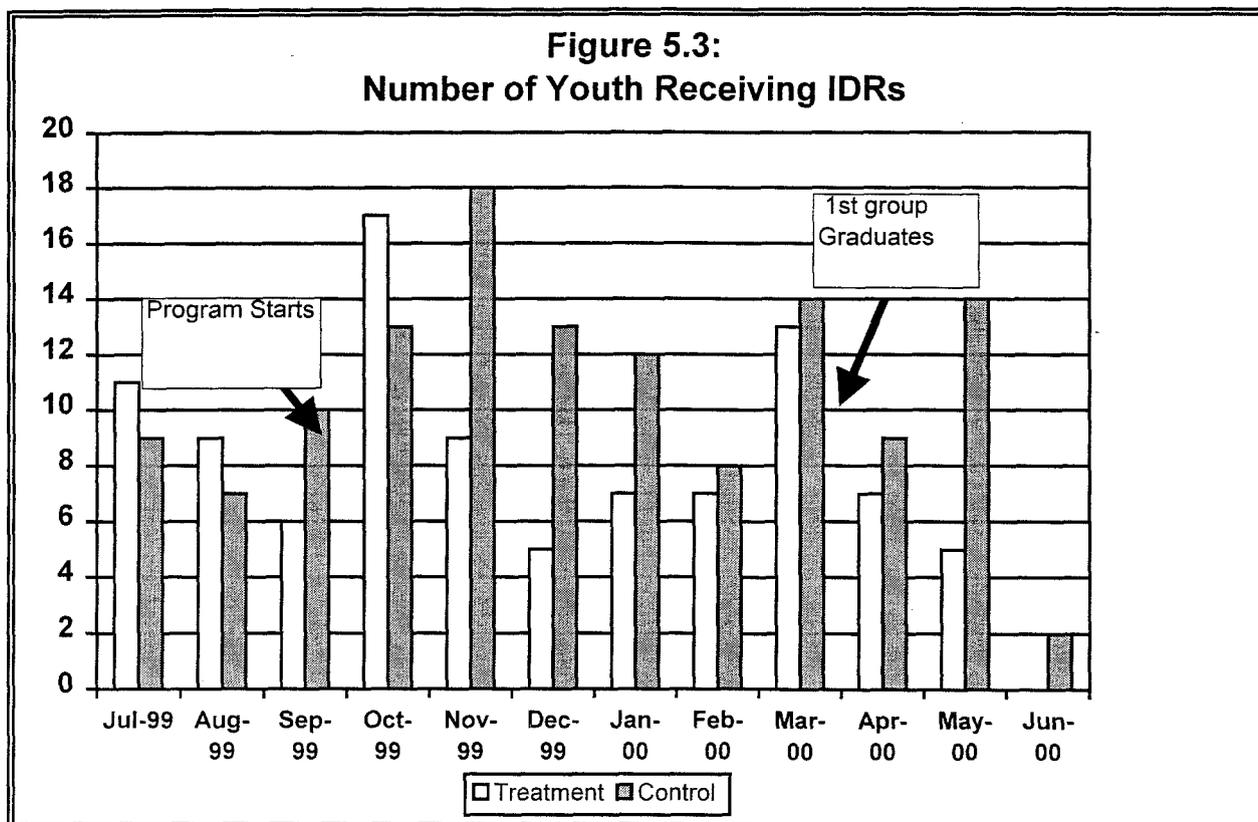
^b Significant t scores are indicated in bold

In summary, findings from the analysis of BATs do not provide clear illumination of the issue as to whether participating in the Setlen program influenced the youths' institutional conduct. Given the lack of meaningful findings in this arena, further analysis into institutional behavior was undertaken using the more formal institutional disciplinary reports (IDRs). Unlike their less formal counterpart, disciplinary reports are written in response to a violation of specific institutional rules and are permanently recorded in the youth's institutional file.

Institutional Disciplinary Reports

The type and number of IDRs were collected for a 1-year period, July 1, 1999 through June 30, 2000. This included the 3 months prior to program implementation, the first 6 months of operation, and the 3 months following graduation of the first cohort.

Figure 5.3 depicts the number of individuals in the treatment and comparison groups who were found guilty of IDRs on a month-by-month basis during this time. As the bar chart shows, in the months preceding program implementation, a decline in the number of youths receiving IDRs was exhibited among the cohort of individuals who were going to be part of the Setlen program. However in the first month of Setlen program operation, October 1999, the number of treatment youths being found guilty of IDRs jumped dramatically. This increase may be due to the fact that a sizeable number of the treatment youths were placed in the program rather than volunteering for treatment. Comments from the first youth surveys and from later focus groups suggest that an identifiable number of treatment youths were disruptive within the treatment environment, literally acting out their displeasure at being in the TC. Another possible explanation reflected in comments made by staff suggests that the Setlen youths may have been "testing" the security and treatment staff of the Setlen program. In a way, this would reflect a negotiating period in which the youths would try the staff to determine what types of behavior would be tolerated and what types would not.

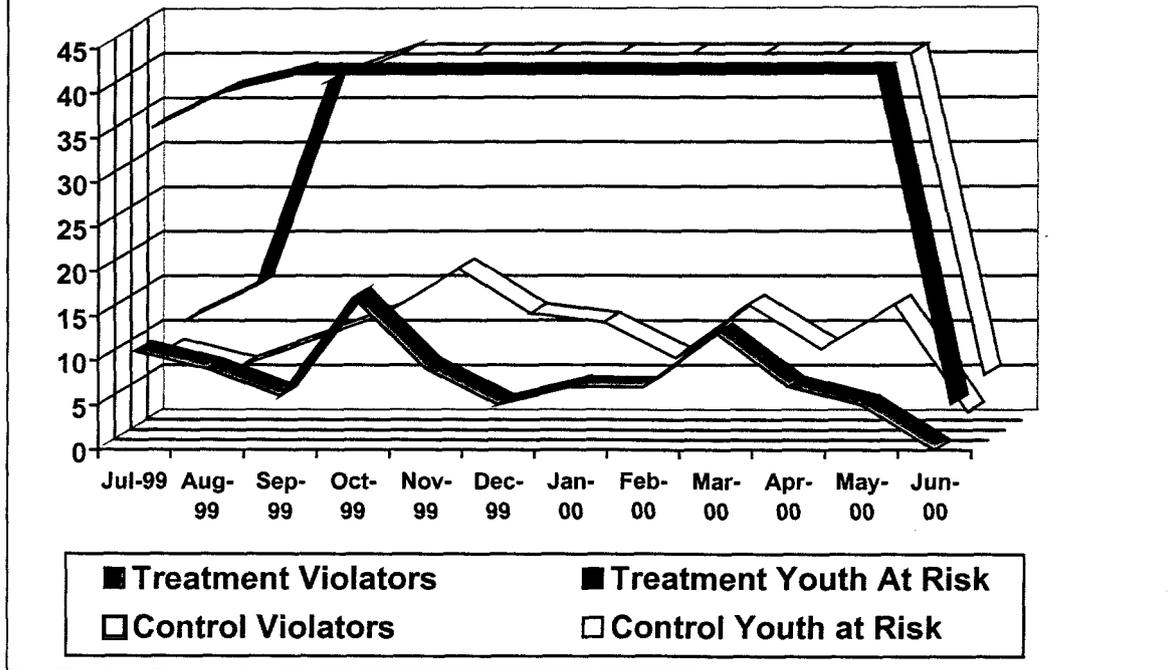


Although it was beyond the capability of our data to provide a definitive answer as to the cause of the higher number of rule violators, clearly the first month of operation for the Setlen program was the most problematic in terms of youth disciplinary violations. In the ensuing months of the program, rule violations by the Setlen youths dropped noticeably until the last month of the program, when a dramatic increase in the number of youth violators was again seen. By contrast, the number of youth violations from within the comparison group continued to increase, peaking in November 1999. Although some drop off in the number of comparison group youths committing rule violations did occur through February 2000, the number of comparison violators remained substantially higher than the treatment group. On average (mean) there were 8 treatment youths per month committing rule violations during the data collection

period. The average (mean) number of comparison youth violators was 10.75 per month. Again, the data do not allow much beyond speculation as to whether the smaller number of treatment group rule violators resulted from positive program impacts on the Setlen youths, or other causes, such as more tolerance of problematic behavior by the custody and treatment staff assigned to the Setlen program, in essence, a treatment effect not on the youths, but on adult staff members.

A better perspective is gained on the number of youth violators by looking at the relation between the number of youths “at-risk” during a given month, and the number of youths being found guilty of rule violations. In this portion of the analysis, the number of youths who were in the Setlen program, i.e., had been admitted prior to the month of observation, and had not be paroled or transferred to another facility until after the month of observation, were contrasted against comparison “at risk” youths, who similarly had not been discharged or transferred. As displayed in Figure 5.4, the likelihood of a comparison youth within the “at risk” group committing a rule violation is higher than for the Setlen program youths. Stated differently, the odds-ratio for one of the at-risk comparison group to commit a rule violation in any 1 month ranged from 1.05 to 1 to about 2.25 to 1. That is, the chances of a comparison group youth being found guilty of a rule violation was slightly better than 1 in 2 in the best month. In contrast, for the Setlen youths, the odds-ratio ranged from approximately 1 to 1.9 at the worst case, to about 1 to 6.4 in the best period. Thus, in the best monthly scenario, only a 1 in 6 chance existed that a given Setlen youth would receive an IDR. This supports the notion that while in the program, Setlen youths were involved in less formally (as reflected in being found guilty of an IDR) sanctioned misbehavior.

Figure 5.4
Relationship of Individuals Violating to At-Risk Individuals



The total number of rule violations also reflects a greater frequency of sanctioned behavior by the comparison group than those in treatment. As previously noted, each IDR can reflect one or more specific rule violation, much as criminal charges may reflect one or more specific violations of the criminal code. During the 1-year tracking period, the treatment group committed 196 separate violations, while the comparison group committed more than twice that, at 499. Similarly, the number of rule infractions contained in each IDR was modestly higher for the comparison group as displayed in Table 5.5.

Table 5.5: Number of Rule Violations per IDR for Treatment and Comparison Groups

Number of Rule Violations per IDR	Treatment Group		Comparison Group	
	Number of IDRs	Percent of Total	Number of IDRs	Percent of Total
1	63	52.1%	136	46.6%
2	45	37.2%	121	41.4%
3	9	7.4%	27	9.2%
4	4	3.3%	3	1.0%
5	----	----	4	1.4%
6	----	----	----	----
7	----	----	----	----
8	----	----	1	.3%
Total	121	100%	292	99.9% ¹

¹ Totals over or under 100% are due to rounding.

With regard to institutional behavior as measured by IDRs, perhaps the most intriguing findings concern the severity of the rule violations committed by the two groups. As indicated previously, violations are either identified as either “major” or “minor” infractions. Of the total violations committed, 413, the seriousness level was known for all but 3. Of these 410, approximately three-quarters were for major rule violations and one-quarter for minor violations. In further analysis, the data revealed that the treatment youths were charged with 99 major rule violations, which accounted for 24.1% of the all violations. In contrast, the comparison group was charged with 211 major violations, accounting for slightly more than half (51.5%) of all violations. From a slightly different perspective, the comparison group was found guilty of slightly more than two-thirds (68.1%) of all the major rule violations committed by both groups during the study period. This finding suggests that the comparison group had, or at least was cited for, much more serious acting out behavior during our review period. The rule violations for both groups were clearly weighted in favor of the more serious (i.e., major

rule violations). For the treatment group, 17.5% of the violations were for minor infractions, while major rule violations comprised 82.5% of their IDRs. For the comparison group, the proportion of minor rule violations increased to 27.2% while their major rule violations were 72.8%.

Why there were more major than minor rule violations cannot be determined from the data collected, however, a plausible explanation based on interview information suggests that less serious infractions are handled more frequently using the less formal BATs. In essence, when behavior reaches the level for the staff to pursue an IDR, it is serious enough to prompt the staff member to write the major rule violation. Whatever the case, it is clear that both groups were sanctioned for major rule violations more often than for minor rule violations, and significant differences existed between the groups with the comparison group committing a greater number of major rule violations ($X^2 = 3.855$ [with continuity correction], df 1, significant .05).

Beneath this difference, however, lies an interesting finding. If we look not at the total violations committed, but at the individuals committing violations, it appears that the difference between the groups is not due to the number of youths committing violations in each group but to the number of violations committed by certain youths. As displayed in Table 5.6, the groups were actually very comparable in terms of the number of individuals committing major and minor rule violations. Six (6) of the Setlen youths were found guilty of no violations during the data collection period and nine (9) of the comparison group similarly had no IDRs in their files. Of the remaining 67 youths for whom data was available, 35 of the Setlen youths were found guilty of major rule violations during the study period, as were 32 comparison youths. However, as seen in

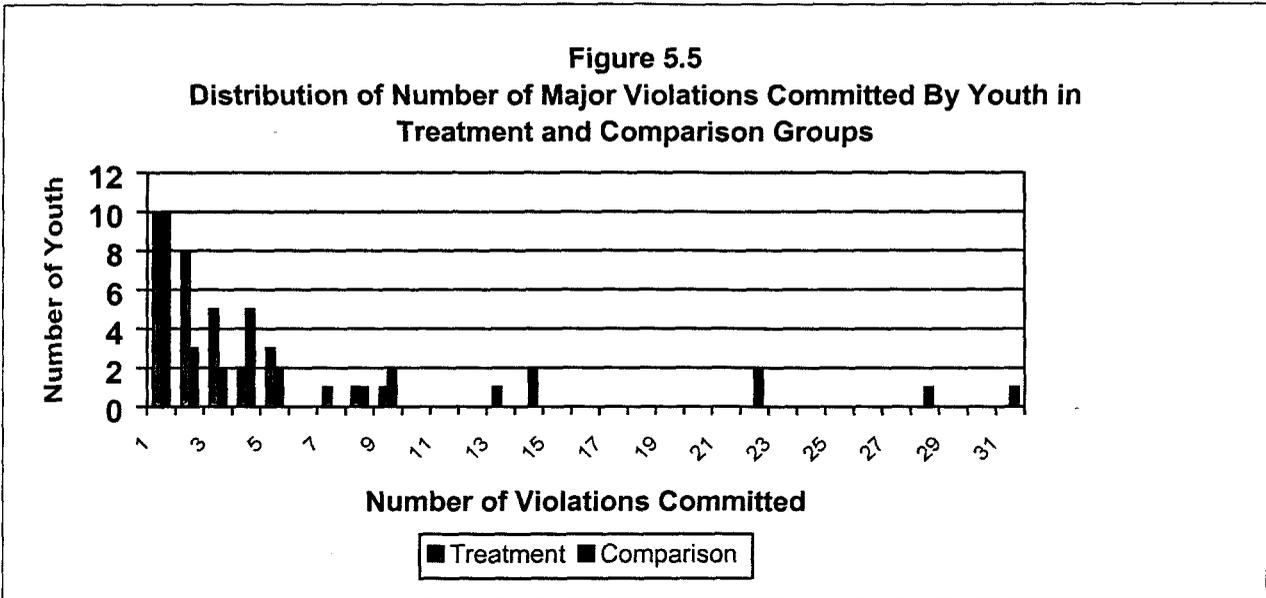
the table, the average (mean) number of conduct violations during the 6-month period was 3.15 violations for the Setlen youths, while the comparison group averaged more than 6.74 violations per individual. However, as can be seen from the other data displayed in the table, the variance for the number of violations committed was much greater among comparison group youths, with a greater number of “high volume” violators, particularly in the area of major rule violations. Tests for statistical significance initially indicated the groups to be different in terms of the average number of violations for their respective youth (t value -2.27 , unequal variances). However, when two individuals from the comparison who committed very high numbers of conduct violations, 28 and 31 violations respectively, were omitted from the analysis, the significant differences between the groups disappeared.

Table 5.6: Major and Minor Rule Violations Comparisons for Treatment and Comparison Groups

	Major Rule Violations			Minor Rule Violations		
	Treatment Group (n=32)	Comparison Group (n=31)	t-value	Treatment Group (n=16)	Comparison Group (n=18)	t-value
mean (S.D.)	3.16 (2.77)	6.74 (8.35)	-2.27	1.38 (.62)	4.33 (7.58)	-1.65
median	2.0	4.0		1.0	1.0	
mode	1.0	1.0		1.0	1.0	
percentiles						
25	1.0	1.0		1.0	1.0	
50	2.0	4.0		1.0	1.0	
75	4.0	9.0		2.0	5.0	

* Significant t-scores are indicated in bold.

The differences in the distribution of violations committed by individuals in both groups also can be easily seen in Figure 5.5.



Summary

In this portion of the evaluation, the research team examined BATs and IDRs for the treatment and comparison groups as a mechanism for assessing the short-term impacts of involvement in the Setlen program on youth institutional adjustment.

Analyses of more informal BATs and more formal IDRs, fails to confirm a consistent impact or Setlen program influence on youth behavior on these measures. In fact, while IYC staff members as a whole were more likely to praise positive behavior than criticize negative behavior of the youths through the less formal BAT, the comparison youths, housed in units throughout the institution, received more positive BATs at a statistically significant level. Unfortunately, no clear pattern or trend regarding these differences that could be attributed to program events or evolution was revealed in the analyses.

The examination of the more formal and serious IDRs revealed differences between the Setlen youths and the comparison group. Perhaps one of the more intriguing findings was a “spike” in recorded disciplinary rule violations by the treatment group in the first month of the Setlen program. The reason for this marked increase is

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speculative, but information collected during interviews and surveys suggests two possible explanations. One suggests that dissatisfaction by certain youths at being mandated to participate resulted in acting out behavior producing the infractions. Another slightly more benign explanation would be that youths transferred into the Setlen program were engaged in testing program and staff limits creating, in essence, a period of negation over allowable and unallowable behavior.

A U-shape distribution of IDRs by Setlen youths beginning high during the first month, decreasing over the next five months, then peaking again as the program drew to a close supports the notion that program participation was having a positive influence in some fashion. It is noted, however, that in March 2000, a new superintendent was appointed as institutional head. Again, based on observations by the research team, it appears that some tightening up of institutional procedures and rules occurred simultaneously. There is distinct likelihood given that both the treatment and comparison groups saw sizeable jumps in IDRs at that time, such an organizational change could account, at least in part, for increased rule violations rather than significant behavioral change by the youth groups.

The fact that at any given point during the study period the “at risk” Setlen treatment population had a lower probability of being involved in rule violations than the comparable comparison group also bodes for a positive treatment influence. Preliminary analysis also revealed statistically significant differences between the Setlen treatment group and the comparison group with regard to serious conduct violations suggesting that the comparison group engaged in more serious rule violations. However, further complicating a straightforward interpretation of this relationship, when

the effects of a few “high volume” comparison youths (outliers) were negated, these significant differences disappeared. This implies that the differences in rule violation rates may rest at the individual rather than programmatic level.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

The RSAT Setlen program examined in this report seemed to suffer many of the implementation problems of other correctional substance abuse programs funded under the RSAT initiative, particularly those whose start-up was significantly delayed:

Where significant delays in program implementation have occurred, the difficulties appear to be in locating appropriate facilities, constructing facilities, recruiting trained treatment staff, and contracting with treatment providers because of State bidding and proposal processes. (National Institute of Justice Journal, p. 23).

Throughout the entire implementation period covered by the study, the critical linkages between the contracted private vendor and the Illinois Department of Corrections were never solidified. In turn there was a cascading effect of frayed operational linkages between IDOC institutional program administrators and the on-site contracted program staff, the on-site contracted program staff and their own corporate leadership, and between the IDOC institutional staff and the vendor staff. This is not to imply that the fundamental elements for a good relationship and a good program were not present. The vendor's response to the RFP included eight program objectives that amply covered the elements needed to provide substance abuse treatment in a TC environment. Unfortunately, a number of elements promised were simply never delivered.

In the following section we have attempted to provide recommendations for addressing some of the more significant implementation concerns we discovered during the course of this process evaluation. The recommendations are drawn from a synthesis of information contained throughout the Report; however, particularly salient

reference information is noted where appropriate through page numbers following the recommendations.

We understand the Illinois Department of Corrections is moving ahead to rejuvenate the St. Charles RSAT program. Some the recommendations offered clearly are implement given the current status of the St. Charles program, however, we hope these might be of use to others considering the implementation of similar programs. Additionally, the recommendations will hopefully complement the growing body of knowledge regarding efficacious substance abuse treatment for juveniles within a correctional environment.

Recommendation #1: Contracting issues, such as ensuring clear agreements among all agencies involved and determining what can be realistically promised by potential vendors, should be addressed. [See Report pages 31-32 & 51-57.]

Unfortunately, bidding practices and the development of formal contracts by government entities are bureaucratic processes that frequently are beyond the direct control of well-intentioned individuals who attempt to manage them. To the extent possible, those responsible for programs such as RSAT should work to ensure compatibility between the contract process and program implementation timetables. If multiple agencies are involved, the importance of clear understandings and agreements on bidding specifications must be reached early in the process. In turn, responses to RFPs by potential vendors should be scrutinized carefully to ensure that promises and commitments made to gain the contract are realistic and achievable within given timeframes and allocated resources.

Recommendation #2: The program should include a quality program staff that has an understanding of treatment embedded within a correctional environment. [See particularly Report pages 27-30.]

Quality program staff is a fundamental element of a successful correctional substance abuse TC. Program administrators should allow enough lead time and set compensation levels to meet hiring conditions of local job markets. If services are being provided through a contracted vendor, bid reviewers/correctional administrators should ensure that potential contractors are knowledgeable and experienced.

Recommendation #3: All staff members need to be involved in the design and development of the TC. [Again, see pages 58-60.]

Designated security and clinical staff should be involved in the design of the substance abuse treatment TC. This issue again points out the need for an early identification of institutional staff members who will be involved and the associated need to hire contractual staff well in advance of the actual opening of the program.

Recommendation #4: Ensuring “fit” between the program, institutional environments, and population must be a key focus; in this case, of a TC provided to an adolescent population within a juvenile correctional facility. [See Report pages 54-61.]

Ensuring the “fit” of the substance abuse TC within the larger correctional environment is critical to program success. Key elements in establishing this fit include a shared understanding by all parties regarding the degree of independence the program has within the institutional environment, clear demarcation of authority, and clear role definitions.

Recommendation #5: Provide cross training to all involved staff. [See Report pages 54-61.]

Cross training of all personnel involved in the TC is essential to develop consistency in perceptions of operational issues. Security, control, and the provision of

daily operational services must be understood, as well as the therapeutic elements of the treatment program, if it is to be viable within the correctional environment.

Recommendation #6: Gang influences should be considered in program design and during the selection of participants. [See Report pages 41 & 68.]

Particular attention should be paid to gang influences in the operation of TCs located in juvenile correctional environments. Elements of gang loyalty may produce a countercurrent to elements of the TC such as the community jobs, the “family” hierarchy, and peer pressure regulation. Ultimately, the TC must be designed to replace the participants’ gang loyalties with loyalties to the TC.

Recommendation #7: To increase treatment amenability, a “pre-TC” program designed to raise self-awareness and reduce “denial” would allow TC resources to be targeted on participants most likely to benefit. [See Report pages 72-79.]

As with any substance abuse program, treatment amenability should be considered prior to the placement of individuals into a TC. Due to the heavy investment of resources in operating a TC, correctional authorities may want to consider developing a “pre-TC” program focused on developing self-awareness of substance abuse problems in offenders and dealing with the denial stage of addiction. In this way the resources of the TC could be focused on those prepared to deal realistically with their substance abuse problem.

Recommendation #8: TC design should incorporate aftercare planning as a key element. [See Report page 38.]

As detailed in the literature one of the most critical elements to successful long-term substance abuse treatment within correctional environments is a highly structured and well-planned post-release aftercare program. Such an aftercare program was to be included in the Setlen program, but information collected from the youth treatment files

suggests that most discharge plans provided by the contracted staff were cursory in nature and ill defined. As such, it is recommended that aftercare planning be incorporated as a component within the TC treatment regime. Specifically, well-designed, highly structured aftercare plans with identified post-release linkages must be a focus of activity prior to release.

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APPENDIX A

Interview Protocol

1st Round

An Evaluation of the St. Charles IYC RSAT Program Staff Interview Protocol – Pre-program Implementation

Part 1: Basic Information

Interviewer(s):

Date:

Interviewee:

Position:

Time in Position:

Location:

1. Employment history within the IDOC, including time in the Department, work locations, and positions held. Please begin with most recent and list backwards.

Time in Position

Title

Where

Part 2: Planning, Development and Purpose of the RSAT Program

2. Have you been involved in the planning or development of the RSAT (Setlen House) Program?

circle: YES NO

- 2a. If yes, please describe the nature of your involvement.

7. What factors have prompted the development of the RSAT (Setlen House) program?

8. Are you aware of any specific resources that have been acquired for the RSAT (Setlen House) program?

8a. Do you believe the program's resources will be adequate? Please explain.

9. How did your involvement with the RSAT (Setlen House) program come about?
Why do you think you were chosen to work in the RSAT (Setlen House) program?

10. Why did you accept a work assignment in the RSAT (Setlen House) program?

10a. What will be the nature of your involvement with the RSAT (Setlen House) program?

11. Please describe any training you've received related to your work assignment in the RSAT (Setlen House) program.

11a. In your opinion, was the training adequate in relation to the duties you are expected to perform? Please explain.

11b. Are there areas in which the RSAT (Setlen House) staff members need additional training? Please identify which staff and what areas.

12. In your opinion, how have St. Charles staff members responded to the idea of a RSAT (Setlen House) program?

13. In your opinion, how have youth held at St. Charles responded to the idea of a RSAT (Setlen House) program?

14. In your opinion, does this treatment program differ from other treatment programs operated at St. Charles or elsewhere in the IDOC? Please explain.

14a. If yes, what is unique about this program?

15. Are there any additional issues that we have not covered that you think are important for us to consider as we begin this study?

Interview Protocol

2nd Round

An Evaluation of the St. Charles IYC RSAT Program *Staff Interview Protocol – Program Operation*

Part 1: Basic Information

Interviewer(s):

Date:

Interviewee:

Position:

1. In your own words, please describe the therapeutic community here at St. Charles.

2. In your opinion, what are the primary goals of the RSAT (Setlen House) Program?
Please rank order these goals with a) being most important.
 - 2a. To what extent do you think the program's been successful in achieving each of these goals?

 - 2b. Have any of these goals changed since program inception? If so, Please explain.

3. What, if any, aspects of the program have worked the best?

4. What, if any, aspects of the program have not worked well?

5. In hindsight, what would you have done differently with respect to program design?

6. In hindsight, what would you have done differently with respect to program implementation?

7. To what extent have the following house tools, identified in the Program Handbook, been utilized?

	Frequently (on a daily basis)	Occasionally (periodically during the week)	Once a week or less	Have never heard/ mentioned just 1-2X	Don't Know
Pull-ups					
One-on-ones					
Help Notes					
Conflict Resolutions					
Staff Relates					
Therapeutic Peer Help notes					
Learning experiences					
BATS					
YDRs					

7a. Are there other tools not mentioned here that have been occasionally or frequently used?

8. From your experience, to what extent has TC "language" been utilized by youth? (e.g., "gossip," "group dump," "deal with it," "enabling," etc.)

Frequently (on a daily basis)	Occasionally (periodically during the week)	Once a week or less	Have never heard/ mentioned just 1-2 times	Don't Know
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8a. Please explain.

9. From your experience, to what extent has TC "language" been utilized by staff? (e.g., "gossip," "group dump," "deal with it," "enabling," etc.)

Frequently (on a daily basis) **Occasionally (periodically during the week)** **Once a week or less** **Have never heard/mentioned just 1-2 times** **Don't Know**

9a. Please explain, including which staff [i.e., IYC or Interventions, and which IYC (security or counseling)].

10. To what extent have the following groups, identified in the Program Handbook, been useful?

	Very Helpful	Somewhat Helpful	Not Helpful	Not Used	Don't Know
Goals Group					
Static Group					
Lecture/topic Group					
Reflections Group					
Conflict Resolution Group					

10a. Please explain.

11. Currently, how would you rate the communication between the IYC staff members (in the Setlen program) and Interventions staff members?

Excellent **Good** **Average** **Poor** **Very Poor**

11a. Please explain, including any changes (either positive or negative) since program inception.

12. Currently, how would you rate the cooperation between the IYC staff members (in the Setlen program) and Interventions staff members?

Excellent **Good** **Average** **Poor** **Very Poor**

12a. Please explain, including any changes (either positive or negative) since program inception.

13. Currently, how would you rate the overall impact on youth of the Setlen A program, here at the IYC?

14. What, if any, effect do you believe this program will have on the youth once they are released back into the community?

15. Please rate overall program operation.

Excellent

Good

Average

Poor

Very Poor

15a. Please explain.

Staff Survey

Setlen Staff Survey

PLEASE NOTE: By completing this survey you are consenting to participate in this evaluation study. If you wish not to participate, please do not proceed.

Date: _____

Affiliation (Please circle one): IDOC Staff Interventions Staff

1. In your opinion, are the appropriate offenders being selected for this program?

YES NO

1a. Please explain your answer.

2. So far, what aspects of the program are working the best?

3. So far, what aspects of the program need improvement?

4. Has there been adequate space allotted to operate this program? Please explain.

5. How well does the program's treatment (i.e., group) schedule fit with other youth needs, such as school, recreation, and meals?

- a. schedule provides youth with too much time
- b. schedule is balanced
- c. schedule is too demanding (overly ambitious)

5a. Please explain.

6. Are there areas in which the IYC-Setlen House staff members need additional training?

YES NO

6a. If yes, please identify which type of staff (i.e., treatment or security) and what areas.

7. Are there areas in with the Interventions-Setlen House staff members need additional training?

YES NO

7a. If yes, please identify the type of training needed.

8. How would you rate the working relationship between the IYC staff members (in the Setlen program) and Interventions staff members?

- a. excellent
- b. good
- c. average
- d. poor
- e. very poor

8a. Please explain.

9. Are there any changes you think should be made to the program?

YES NO

9a. If yes, please elaborate.

10. How well would you rate the degree to which the Setlen youth have adapted to usage of the TC language (e.g., pull-ups)?

- a. adaptation is excellent
- b. adaptation is good
- c. adaptation is average
- d. adaptation is poor
- e. youth have not adapted at all

10a. Please explain.

11. How well would you rate the degree to which the Setlen youth have adapted to the sense of community?

- a. adaptation is excellent
- b. adaptation is good
- c. adaptation is average
- d. adaptation is poor
- e. youth have not adapted at all

11a. Please explain.

12. At this point, how would you rate the overall effectiveness of the Setlen A program?

- a. program is operating better than expected
- b. program is operating as expected
- c. program is operating worse than expected

12a. Please explain.

13. Are there any additional issues not covered here that you think are important for us to consider?

YES NO

13a. If yes, please explain.

Thank you for your participation in this study. Please return this survey in the enclosed, postage-paid envelope.

Youth Survey

1st Round

**Youth Survey
Setlen House – October 1999**

1. What is your ID number? _____

2. How did you end up in the Setlen House program?

[] I volunteered

[] I was placed in the program (I did not volunteer)

3. What do you hope to achieve while in this program?

3a. Do you think this program will help you stay clean once you return to the streets?

YES NO

Please explain why you feel this way.

3b. How long do you think you'll be in this program?

_____ months

3c. Do you think your participation in this program will decrease your length of stay at IYC-St. Charles?

YES NO

4. Prior to coming to Setlen House, did someone explain the program to you?

YES NO

4a. If yes, who? _____

4b. So far, has the program been running as it was explained to you?

YES NO

4c. If no, how is it different?

5. Are you worried about what others will think about you being in the Setlen House program?

YES NO

5a. If yes, what are you worried about?

6. In your opinion, how would you rate your drug use during the last six months you were on the street?

- light
- moderate
- heavy
- excessive
- did not use drugs (skip to question 7)

6a. How often did you use drugs during the last six months you were on the street?

- every day
- almost every day
- few times each week
- once a week
- few times each month
- once a month
- once/a few times only

6b. Do you think you need treatment for your drug use?

- strongly need treatment
- need some treatment
- don't need any treatment

7. How would you rate your alcohol consumption during the last six months you were on the street?

- light
- moderate
- heavy
- excessive
- did not drink (skip to question 8)

7a. How often did you drink alcohol during the last six months you were on the street?

- every day
- almost every day
- few times each week
- once a week
- few times each month
- once a month
- once/a few times only

7b. Do you think you need treatment for your drinking?

- strongly need treatment
- need some treatment
- don't need any treatment

8. Have you been in drug or alcohol treatment before?

YES NO

8a. If yes, how many times have you been in treatment? _____

8b. If yes, how many of these were in-patient/residential? _____

9. So far, what do you **like** about the program?

10. So far, what do you **not like** about the program?

Youth Survey

2nd Round

Youth Survey Setlen House – April 2000

1. What is your ID number? _____

2. What have you achieved while in this program?

3. Do you think this program will help you stay clean once you return to the streets?

YES

NO

Please explain why you feel this way.

4. Do you think your participation in this program affected your length of stay at IYC-St. Charles?

- Yes, made it longer
- Yes, made it shorter
- No, had no effect
- I don't know/no opinion

5. Since you started this program, have there been any changes in it?

YES

NO

If yes, please explain.

6. What have you **liked** about this program?

7. What have you **not liked** about the program?

8. We would like to ask you a few general questions about your time spent in this program. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with each of the following (or have no opinion).

Strongly Agree 1	Agree 2	No Opinion 3	Disagree 4	Strongly Disagree 5
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- _____ This program has helped me learn self-respect.
- _____ I have learned things about myself in the program.
- _____ The Interventions Counselors know what they are talking about.
- _____ The IYC security staff in the program have been OK.
- _____ The IYC counseling staff in the program have helped me.
- _____ I have learned to deal with my drug use while in this program.
- _____ I got a chance to talk about my drug/alcohol problem while in this program.
- _____ This program has helped me deal with my anger.
- _____ The treatment groups are too large.
- _____ The Interventions staff are available when I need them.
- _____ The Interventions staff plan the group sessions well.
- _____ The Interventions staff are consistent in their actions/responses to youth
- _____ I believe the IYC staff who work in this program want to be here.
- _____ I believe the best IYC staff work in this program.

9. Would you tell other youth at IYC St. Charles to volunteer for this program?

YES

NO

Please explain why you feel this way.

10. Are there any changes you think should be made to the program?

Youth Focus Group Protocol

Focus Groups Questions

1. What do you think most of the participants hope to gain while in this program?
 - 1a. Do you think this program is helping them?
2. What are other youth at St. Charles saying about your being in Setlen A?
 - 2a. What do you think about what they are saying?
3. For those of you who were not in Setlen A prior to the start of the program:

How is being in Setlen A different from where you previously were housed at IYC-St. Charles?

 - 3a. For those of you who were already in Setlen A prior to the start of the program:

How is being in Setlen A different now compared to before the program started?
4. What do you think about the Interventions staff?
 - 4a. What do you think about the IYC staff at Setlen House?
5. So far, what do you like about this program?
6. So far, what do you not like about this program?
7. Are there any changes you think should be made to the program?

Master File Data Collection Instrument

**RSAT EVALUATION
DATA COLLECTION FORM**

YIN:	Code Person:
Group: (T or C)	Date:

DEMOGRAPHICS

1. DOB: ____ / ____ / ____ 2. RACE: _____

EDUCATION

3. Last Grade Completed: ____ (date of report: ____ / ____ / ____)

4. Special Education History? YES NO/NOTHING IN FILE

5. Test Levels

	Date	Test Name	Score	Percent
Reading	_____	_____	_____	_____
Math	_____	_____	_____	_____
IQ	_____	_____	_____	_____

FAMILY HISTORY (Refer to Youth Face Sheet)

6. Family Living Structure (e.g., single parent, step situation, grandparents, foster care, etc.). Also, where did the youth reside?

6a. If youth is not living with either his biological father or mother, where are they?

Mother: _____ (deceased?)

Father: _____ (deceased?)

6b. Identify the number of siblings: _____

Detailed Sibling Information

Gender		Older (+) or Younger (-)		Relationship		
male	female	+	-	full	half	step
male	female	+	-	full	half	step
male	female	+	-	full	half	step
male	female	+	-	full	half	step
male	female	+	-	full	half	step
male	female	+	-	full	half	step

SUBSTANCE USAGE INFORMATION (FROM DASIS) (date: _____)

7. Alcohol and Other Drugs of Abuse History (write in type of drug and place an X in the appropriate categories for age and frequency of usage).

Type of Drug	Age at 1 st Use			Frequency of use PER WEEK (90 days prior to detainment)			
	16-18	12-15	<12	0	1-4	5-15	>15

8. Is the youth a poly drug user? YES NO

9. Alcohol and other drug abuse score per DASIS

NONE MILD MODERATE SEVERE MISSING

10. Drug Use & Criminal Behavior – Done any of the following behaviors to get drugs (Place X in the appropriate cells).

Behaviors to get drugs	0 Times	1-2 Times	>3 Times
Stolen property			
Sold property			
Sold drugs			
Had sex			
Assaulted anyone			
Robbed anyone			
Killed anyone			

11. Behaviors to get drugs score per DASI (circle one)

NONE MILD MODERATE SEVERE MISSING

12. Offenses and Drug Usage – Done any one of the following behaviors while on drugs (Place X in the appropriate cells).

Behaviors while on drugs	0 Times	1-2 Times	>3 Times
Stolen property			
Sold property			
Sold drugs			
Had sex			
Assaulted anyone			
Robbed anyone			
Killed anyone			

13. Behaviors while on drugs score per DASI (circle one)

NONE MILD MODERATE SEVERE MISSING

14. Composite Score on the DASI (circle one)

NONE MILD MODERATE SEVERE MISSING

SUBSTANCE ABUSE (FROM MACH) (date: _____)

15. Is a MACH on file? YES NO (go to section IV)

16. Does youth fit the DSM-IV criteria for a substance abuser?
 YES NO

16a. If yes:

- _____ 1. increase in tolerance
- _____ 2. substance specific withdrawal syndrome
- _____ 3. same/similar substance used to relieve/avoid withdrawal
- _____ 4. persistent desire to/failed efforts to cut down or control use
- _____ 5. use despite known personal problems created/exacerbated by use
- _____ 6. used in larger amounts or over a longer period than intended
- _____ 7. considerable time spent to obtain a substance or recover from its effects
- _____ 8. use has interfered with social, occupational, or recreational activities

17. What are the youth's Standardized Scores from Alcohol/Drug Inventories included in MACH:

- MDIS Score (circle one) above 70 50-70 below 50
- MF Score (circle one) above 70 50-70 below 50
- MAST Score (circle one) above 70 50-70 below 50

18. Prior Drug/Alcohol Treatment History (Note: If name of facility is know, please record).

Year	Treatment Type (e.g., residential, out-patient, etc)	Result/Outcome of TX

19. Self-assessment Scores – average score: _____

- Functioning as a Student: _____
- Function in Personal/Social Life: _____
- Drug Use Impact on Overall Functioning: _____

Does the youth face a genetic risk – does his genetic makeup possess factors which would predispose him to future pathological use?

YES NO

20. Is there a history of drug use within the family/living situation (sibling, parent, etc)?

YES NO UNKNOWN

20a. If yes, please describe (who, what, when)

CRIMINAL HISTORY – CURRENT CONVICTION (See Dispositional Order)

21. Holding Offense: _____ 22. Admission Type: _____

Case Number(s): _____

23. Offense Class: _____ 24. Admit Date: ____/____/____

25. Narrative of Offense (What Happened?)

26. Disposition: _____

CRIMINAL HISTORY – PRIOR INVOLVEMENT

(NOTE: If youth previously in the IDOC, record admission type within disposition. Also, it might be helpful to track priors by case number).

27. Prior Criminal History

DATE	OFFENSE	DISPOSITION/SENTENCE	OUTCOME

28. Is there is history of criminal involvement within the family/living situation (sibling, parent, etc.)?

YES NO/NOTHING IN FILE

28a. If yes, please describe (who, when, and what)

PSYCHOLOGICAL HISTORY

29. Mental Health History (see Diagnostic & Treatment Screening)

Date of Screening: ____ / ____ / ____

Type	YES/NO	Specification
Inpatient Hospitalization		
Residential Placement/Outpatient Therapy		
Prior Diagnoses/Familial Mental Health HX		
Psychotropic Medications		
Past Suicidal Ideations/Threat/Attempts		
Current Suicidal Ideations		
Significant Recent Stressors		
Substance Abuse HX		

30. SPS T Score: ____ (Date of SPS Assessments: ____ / ____ / ____)
 Probability Score: ____
 Total Weighted Score: ____

31. Identify any personality tests or assessments performed on the youth.

Date	Test Name	Results

32. Has youth been classified as ADHD or ADD?
YES NO/ NOTHING IN FILE

32a. If yes, when was this classification determined? ____/____/____

32b. If yes, what action was taken (e.g., special program, medication)?
Please be specific, e.g., – if medication, what, how often, and dosage.

Any Other Notes:

Youth Treatment File Data Collection Instrument

**Data Collection Instrument
Setlen A Program
Spring 2000**

Youth ID: _____

Section I: Treatment Plan Review

- **Date of First Review:** _____ *if no review in file*

Student Progress in treatment is: _____ Good
_____ Fair
_____ Poor
_____ None

Explanation:

- **Date of Second Review:** _____ *if no review in file*

Student Progress in treatment is: _____ Good
_____ Fair
_____ Poor
_____ None

Explanation:

- **Date of Third Review:** _____ *if no review in file*

Student Progress in treatment is: _____ Good
_____ Fair
_____ Poor
_____ None

Explanation:

• Date of Fourth Review: _____ if no review in file

Student Progress in treatment is: _____ Good
_____ Fair
_____ Poor
_____ None

Explanation:

Section II: Discharge Review & Summary

Reason for Discharge: _____

Participation Rating:

_____ 12-step program	_____ Group Education
_____ school	_____ Relapse Prevention
_____ Individual Counseling	_____ Anger Management
_____ Therapeutic Community	_____ Conflict Resolution
_____ Job Assignment	_____ Violence Prevention
_____ Encounter Group	_____ Stress Management
_____ HIV/AIDS Education	_____ Relationship Building
_____ Group Counseling	

Prognostic Statement

_____ Student has accepted responsibility for his addiction and appears highly motivated to remain abstinent.

_____ Student minimized the affects of alcohol and drug usage in his life and has demonstrated a lack of motivation to remain abstinent. Requires further treatment

_____ Student has successfully completed the treatment orientation phase and has developed minimal insight into his addictive and criminal behaviors. Requires further treatment.

_____ Other: _____

Diagnosis at Admission: _____ Diagnosis at Discharge: _____

Section III: Continuing Care Discharge Plan

check	Responsibility	Contact Number
	Fulfill parole obligations and check in with PO ____ times per week	
	Attend AA/NA meetings ____ times/week	
	Attain AA/NA sponsor by: _____	
	Seek vocational training	
	Obtain legal employment	
	Follow parole board recommendations	
	Maintain nutrition and exercise program	
	Develop a drug free leisure time support system	
	Seek educational opportunity _____	
	Obtain drug free living environment	
	Other _____	

Interventions Field Services Representative: _____

Phone Number: _____

APPENDIX B

As indicated in the report, it was impractical to draw a totally random sample of treatment and control youth due to requirements that all youth needed to be afforded equal access to treatment. As a result, a modified sampling process was undertaken whereby files of all institutional youths eligible for the program were reviewed to select a comparison group matched on sentence length (institutional time to be served), indicators of moderate to severe substance abuse, and absence of serious mental health problems (see report for full discussion). Ultimately, this process resulted in the selection of a matched comparison group comprised of 52 and treatment group of 44 youth. It should be remembered that the primary purpose for selecting a comparison group to assess post-release treatment outcome which was an anticipated second phase of this study. Additionally, creation of a comparison group did permit the assessment of short-term institutional treatment effects on youth behavior, which is detailed in Chapter 5 of the report.

Demographically, the majority of both groups was 16 years old at admission and came from Cook County (Chicago). More than three-fourths of both groups were gang affiliated. The highest-grade level completed by the majority (approximately 44%) of both groups was 8th grade, as was determined at intake. In addition, approximately 25% of both groups were diagnosed with attention deficit problems. The largest proportion of both groups lived with their mothers only prior to incarceration, followed by residing with both parents. In cases where the father did not reside with the youth, the father's location was unknown the majority of time.

A history of family drug use was apparent in close to half of all cases. Alcohol and marijuana were the most often used drugs by youth in approximately 90% of the

cases with crack/cocaine being the next most often used drug. Additionally, in both groups, the majority of the youth (78.8% of Setlen youth and 63.5% of comparison youth) were identified as being “severe” users when assessed upon arrival at the IDOC.

Inspection of frequency distributions for available youth characteristic variables thought to have the potential to impact treatment effect led the research team to believe that differences between the two groups might exist with regard to several of these variables. Specifically, variables dealing with race, age, education, gang and criminal involvement were considered.¹ Univariate comparisons of statistical differences on the variable were conducted where possible to determine if differences did indeed exist.² Comparisons are presented in tables B1- B3, with variables on which the groups differed significantly highlighted in bold.

T-tests to determine if mean differences for the two groups were significant, found the treatment group to be significantly older (approximately 6 months) when considering both age at admission to IDOC (treatment mean=16.6, comparison mean=15.9, $p=.001$) and again with regard to their age at RSAT program inception (treatment mean=17.1, comparison mean=16.5, $p=.002$). Although only six-months older, it is possible that the treatment group was slightly more mature at the onset of the program comparison period, a factor that the research literature suggests is tied to positive treatment outcomes. However, comparison of mean grade levels at the time of

¹ Several variables dealing with family structure and family drug use also were initially considered for further examination, however, variables within these areas were only sporadically reported in the youths' files resulting in a large amount of missing data, precluding meaningful analyses of variables in these areas.

² Unfortunately, the relatively small sample sizes and missing data precluded more robust multivariate analytic techniques.

admission found no significant differences between the groups as to their education attainment.

Perhaps as important, it was thought possible that the age difference might impact the level of involvement in a criminal lifestyle.³ In considering variables associated with criminal involvement, the comparison group did have, on average, more prior arrests than the treatment group ($p=.003$). However, it should be noted that other measures of criminal involvement did not support a greater level of prior criminal involvement for the comparison group. The comparison group did not have a significantly higher number of either police contacts or prior convictions. Moreover, significance tests (X^2) revealed no significant differences between the groups with regard to their current offense or their offense class (seriousness of conviction offense).

With regard to race, the comparison group contained a higher proportion of African-American youth than did the treatment group. The proportion of Caucasian youth was slightly higher in the treatment group, but the major difference in the composition was the greater portion of Hispanic youth in treatment. There were about 15% more Hispanic youth in the treatment group than in the comparison group. A chi-square test determined, however, that the differences in racial composition were not statistically significant.

Similarly, analyses failed to show any differences between the two groups in terms of gang affiliation or positions held within a gang for those who were in gangs. A factor considered noteworthy considering the potential importance of gang influences on the therapeutic community environment and institutional behavior.

³ Although the same might intuitively be surmised regarding their level of engagement in substance abuse, the reader should bear in mind that the groups were matched regarding substance abuse.

Table B1: Demographic Comparison: Treatment and Comparison Groups

	Treatment n	Comparison n	Treatment %	Comparison %
Race				
Caucasian	15	14	34.1	26.9
African American	13	28	29.5	53.8
Asian	1	0	2.3	0.0
Hispanic	15	10	34.1	19.2
Total	44	52	100.0	99.9 ¹
Age at Admission² T group mean = 16.59 (S.D. = 0.70) C group mean = 15.90 (S.D. = 1.06)				
13 years old	-	2	-	3.8
14 years old	-	10	-	19.0
15 years old	7	13	15.9	24.7
16 years old	25	20	56.8	38.0
17 years old	10	6	22.7	11.4
18 years old	2	1	4.5	1.9
Total	44	52	99.9	98.8 ¹
Age at Program Start² T group mean = 17.1 (S.D. = .68) C group mean = 16.5 (S.D.=1.08)				
14 years old	-	2	-	3.8
15 years old	-	10	-	19.2
16 years old	9	13	20.5	25.0
17 years old	22	18	50.0	34.6
18 years old	12	9	27.3	17.3
19 years old	1	-	2.3	-
Total	44	52	100.1 ¹	99.9 ¹
Last Grade Completed⁴				
6 th grade	1	6	2.3	11.5
7 th grade	5	8	11.4	15.4
8 th grade	19	23	43.2	44.2
9 th grade	16	9	36.4	17.3
10 th grade	2	4	4.5	7.7
11 th grade	1	1	2.3	1.9
12 th grade	-	1	-	1.9
Total	44	52	100.1 ²	99.9 ²
Gang Affiliation				
Yes	37	42	84.1	80.7
No	7	10	15.9	19.2
Total	44	52	100.0	99.9 ¹
Position in Gang				
Associate Member	36	37	97.3	71.2
Hardcore Member	1	4	2.7	7.7
Leader	-	1	-	1.9
None	-	10	-	19.2
Total	44	52	100.0	100.0

¹ Totals over or under 100% are due to rounding.

² Significant at .05 level, t value 3.80

³ Significant at .05 level, t value 3.31

⁴ As determined at intake; most youth were selected shortly after intake

Table B2: Current Offense Comparison: Treatment and Comparison Groups

	Treatment n	Comparison n	Treatment n	Comparison n
Class of Current Offense				
Class X	13	10	29.5	19.2
Class M	-	3	-	5.8
Class 1	13	17	29.5	32.7
Class 2	8	6	18.2	11.5
Class 3	3	10	6.8	19.2
Class 4/Misd. A	7	6	15.9	11.5
Total	44	52	99.9 ¹	99.9 ¹
Type of Current Offense				
Person offense	19	25	43.2	48.1
Property offense	15	16	34.1	30.8
Drug offense	3	3	6.8	5.8
Weapon offense	4	8	9.1	15.4
Sex/Other	3	-	6.8	-
Total	44	52	100.0	100.1 ¹

¹Totals over or under 100% are due to rounding.

Table B3: Prior Police Involvement Comparison: Treatment and Comparison Groups

	Treatment n	Comparison n	Treatment n	Comparison n
Prior Police Contacts - T group mean = 5.36(S.D. = 3.37) C group mean = 4.74 (S.D. = 4.08); Min./Max: 0 to 22				
None	3	2	7.1	4.0
One	7	4	16.7	8.0
Two	3	6	7.1	12.0
Three	5	6	11.9	12.0
Four	3	4	7.1	8.0
Five	4	1	9.5	2.0
Six	9	7	21.4	14.0
Seven	4	8	9.5	16.0
More than seven	4	12	9.5	24.0
Total	42¹	50¹	99.8²	100.0
Prior Arrests⁴ - T group mean = 2.02 (S.D. = 1.81) C group mean = 3.42 (S.D. = 2.45); Min/Max: 0 to 10				
None	11	6	26.2	11.5
One	10	5	23.8	9.6
Two	5	9	11.9	17.3
Three	5	12	11.9	23.1
Four	6	6	14.3	11.5
Five	4	4	9.5	7.7
Six	1	0	2.4	0.0
Seven	-	7	-	13.5
More than seven	-	3	-	5.7
Total	42³	52	100.0	99.9²
Prior Convictions - T group mean = 1.17 (S.D. = 1.15) C group mean = 1.38 (S.D. = 1.76); Min/Max: 0 to 10				
None	15	21	35.7	40.4
One	13	8	31.0	15.4
Two	7	16	16.7	30.8
Three	6	4	14.3	7.7
Four	1	0	2.4	0.0
Five	-	2	-	3.8
More than five	-	1	-	1.9
Total	42³	52	100.1²	100.0

¹ Information missing regarding 2 treatment youths and 2 comparison youths.

² Totals over or under 100% are due to rounding.

³ Information missing regarding 2 treatment youths.

⁴ Significant at .05 level; t test value -3.17.

APPENDIX C

▫ THERAPEUTIC COMMUNITY HOUSE TOOLS

Pull-Ups: Rules which apply to pull-ups are as follows:

1. They are ALL valid and should be acknowledged with the response, "Thank You Brother," followed by the discontinuation of the inappropriate behavior.
2. They are given to show responsible concern.
3. No feedback and/or dialogue take place when a pull-up is given.
4. No disrespecting pull-up is allowed.
5. If a pull-up is not properly acknowledged, then the offending inmate may be "booked" by the person giving the pull-up.

One-On-One(s): A One-On-One is initiated by a family member through the use of a drop slip when he is having a conflict/disagreement/misunderstanding with another family member. It is moderated by an Interventions Counselor who takes these two family members to an area where they can sit facing each other. Then, each person, without interruption from the other, will tell his side of the problem (expresses feelings). The purpose of this process is to increase positive communication patterns among residents and deal with strong/hostile feelings in a constructive manner. Rules which apply to a One-On-One are as follows:

1. No profanity
2. No talking about next of kin
3. No changing the subject
4. No hand gestures
5. No blaming
6. The One-On-One is over when STAFF announce it is finished
7. What is said in the room, stays in the room
8. No threats or acts of violence

Help Notes: Help Notes are generated by family members by dropping the appropriate slip. They can be positive or negative and are designed to make a family member aware of situations or behaviors that are either acceptable or unacceptable. They are valid only when dated/timed/spelled correctly, and signed by the writer. Help notes can be read and discussed in group under the supervision of an Interventions Counselor. Based on the nature of the Help Note, family members receiving them may be assigned Learning Experiences at the discretion of the Interventions staff.

Conflict Resolutions: A Conflict Resolution is given in a group setting and initiated by Interventions staff. The two inmates in conflict will sit in the center of the circle facing each other. Each person, without interruption from the other, will tell his side of the conflict. The purpose of this tool is for both persons to end up in a win-win communication situation. Staff determines if group feed back is to be given. This feedback is used to provide observations of personal behaviors exhibited by the two participants.

Rules which apply to Conflict Resolutions are as follows:

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Taken from the IYC-St. Charles Caritas/Setlen House Therapeutic Community Youth Handbook

1. No profanity
2. No outside issues
3. No talking about next of kin
4. No changing the subject
5. No hand gestures
6. No group dump (rat packing)
7. It is over when the STAFF say it is

Staff Relates(s)

The Staff Relate slip is used when an inmate would like to speak with a staff member. The slips are available through the office clerks and are to be placed in the Staff Relate Box.

Therapeutic Peer Help Notes

This process is conducted for a single inmate by a panel of inmates under the supervision of the Interventions staff. Inmates who violate Setlen House Treatment Rules can be booked for a TPR if all other previous therapeutic interventions have not produced appropriate behavioral changes. The panel of inmates confronts the continuous offender by having him stand in front of them, retain eye contact, and not speak. He listens to each panelist's expressions of responsible concern along with their verbal investment to help him make positive behavioral changes. At the end of the TPR, the participating members shake hands and resume treatment activities.

Learning Experiences

This tool is utilized strictly by Interventions staff when a TPR fails to elicit behavioral change. It is always given to the inmate so that he has the opportunity to internalize how his behavior is in need of change. Learning experiences vary based on the nature of the offense. They can range in severity from denial of privileges to recommendations for disciplinary transfer from the facility.

PROP(s) (Please Respect Other People)

This saying is used to call the group or individual to order. It indicates a need for quiet and a call to order or formation. It is indicated by raising the right hand.

BATS

When an inmate disregards all of the above therapeutic tools, disciplinary reports are written and turned over to IDOC for disposition. Recommendations for transfer will be made only upon the inmate's complete refusal to comply with the parameters of treatment.

YDRS

YDRs are to address major issues. These can be in two steps. For aggressive behavior it goes to the Adjustment Committee. If it is an infraction of a program rule, the violation can be dealt with by the issuance of a program ticket which can be handled within the building with one of the D.O.C. staff. Consequences of the wrongful action can be tied back into the building.

TERMINOLOGY IN THE THERAPEUTIC COMMUNITY

The following terminology is used within the Setlen House treatment environment and is applicable to all inmates and employees:

1. Acting As If To practice the form of something in order to gain the substance of it. It is usually uncomfortable
2. Band Wagon To go along with someone even though you disagree, but won't say no
3. Be Honest When they are phony, untrue
4. Being Aware Knowing what is going on at all times around you
5. Blow Your Image Being able to function without regard to what other people may think
6. Break Protocol Going to someone else when you were already told by someone what the answer was (by passing or going around until you get the answer you want)
7. Deal With It To handle a problem by working it out on your own
8. Enabling To come to someone's aid in a group, therefore, depriving them of the opportunity to see the reality of what they are being confronted with
9. Excuse Not admitting or confessing to something
10. Feelings Emotions – identify, express, not display
11. Getting Over When a resident is involved in something that for him/her required no effort or when a resident is involved in negative activities; getting over
12. Gossip Belittling someone who is not present in the conversation
13. Group Dump Three or more persons going up verbally on one individual
14. Gut Level A serious, open and honest conversation

12

Taken from the IYC- St. Charles Caritas/Setlen House Therapeutic Community Youth Handbook

- | | | |
|-----|-----------------------|---|
| 15. | Hats Off | Clean up situations under pressure to be resolved |
| 16. | Help Slips | Given to an individual by four of his peers to point out past and present behaviors, and prevent future consequences by giving them alternatives |
| 17. | House Meeting | A meeting in which the entire house is present, for the purpose of making the house aware of a situation that pertains to the entire house |
| 18. | House Rules | Violation of these Rules (usually specific to that TC) result in a value, attitude, or behavior that is constructive to a resident and/or to others |
| 19. | LOP | Loss of privileges |
| 20. | Not Walking Your Talk | A person who talks T.C. concepts, but does not role model them |
| 21. | Pull-Ups | To make someone aware of their negative behavior in order to raise their awareness of the behavior. It may be verbal or written. To reinforce attitudes of mutual self-help. To make each resident more accountable for his actions and behavior. |
| 22. | Push-Up | Acknowledgment of positive attitude or behavior. Examples are supportive statements, applause, hand shakes, and back pats |
| 23. | Pushing Buttons | To deliberately provoke or attack a person in a sensitive area to make him/her react and release his/her hostility on you. |
| 24. | Rap Session | A discussion group directed towards constructive conversation with some topic to focus on |
| 25. | Reacting | An inappropriate response to an event or a confrontation. An emotional reaction that is unnecessary |
| 26. | Reround | Come back on staff with grievance 1 hour later – get feedback |

27. Seminar A lecture by one resident to a group on a subject that he/she has researched or has an interest and knowledge of for the purpose of broadening the scope of all concerned
28. Shot Gun Pull Up Checking someone's behavior, inappropriate dumping
29. Sideways A remark meant for one person, but directed at another
30. Stuffing Feelings Keeping feelings locked up inside and not ventilating them. This can be very detrimental because you can explode if you don't ventilate in encounters, or use the people around you to dump on.
31. Therapeutic Community A residential, drug-free situation, in which individuals join together to bring about positive change.
32. Time-Out Sit in chair and relax; think about problem behavior; change

APPENDIX D

Job Description	Number of Youth Holding Job
Monitor of the House: oversees house functions, runs meetings as needed, acts as "go between" between staff and clients, confronts peers displaying poor attitude, reviews help notes before bringing them into peer committee group	1
Monitor of Communications: reports to Monitor of the House, records help notes, develops list of learning experiences to choose from, confronts peers displaying poor attitude, informs others of house rules, assists staff with programming	2
Monitor of Maintenance: oversees the Crew Tutor, makes sure maintenance crew does their job functions, reports to Coordinator of Maintenance, receives problem reports from the Crew Tutor and Aides, responsible for investigating problems and concerns that are reported	2
Coordinator of Communication: confronts peers displaying poor attitudes, informs others of house rules, relays information, assists with program tasks, reviews help notes, reports to Monitor of Communications	1
Coordinator of Maintenance: no description provided	1
CIT Team Aid: keeps record of all CIT committee meetings, records and positive and negative bat records, notifies members when they must see CIT committee, notifies members when bats have expired, responsible for making sure members complete learning experiences	1
Medical Aid: responsible for letting members know when it is med time, reports to staff if a member has a concern about medication or refuses to take it, goes to each room twice a day and asks if any member needs to see the nurse, notifies staff members if a member will be absent from group because they are going to the infirmary	1
Orientation Aid: responsible for assisting new members in becoming oriented to the program, completing assignments, studying for tests, learning philosophy and rules	1
Phone Aid: no description provided	1
Recreation Aid: responsible for letting members know when it is time for recreation and what they will need to bring with them, keeps record of members who participate, reports and recommends concerns from members to staff	1

Crew Tutor: checks all maintenance jobs to ensure they are completed appropriately, gives push-ups when appropriate behavior is observed, gives help-notes when addressing poor job performance, reports problems or concerns to Coordinator of Maintenance	1
Peer Tutor: responsible for recording attendance at afternoon groups, investigates help-notes, enforces house rules, responsible for getting members to line up appropriately and remain quiet, gives push-ups and pull-ups when necessary	1
Big Brother: positive role model for all members, responsible for making sure new residents know the rules and follow them, uses problem solving techniques, teaches new members how to use pull-ups, push-ups, etc., resource for members who are struggling	1
Scout: notifies the community of any job openings, distributes and collects applications, sets up interviews, makes adjustments to job board, responsible for informing members of the job requirements and responsibilities they are applying for	2
Floor Crew: responsible for sweeping, mopping, and vacuuming of all common areas daily. Also strips and waxes floors, as necessary.	4
Grounds Crew: responsible for all outside grounds upkeep, including trash collection, snow removal, salting, and sweeping stairs that lead into Setlen.	2
Laundry Crew: responsible for cleaning the laundry room daily and keeping a chart which indicates each room's laundry day	1
Office Crew: responsible for the daily cleaning of staff offices.	3
Paint Crew: responsible for the set up, prepping, painting and cleanup of all pain projects	4
Poster Crew: responsible for creating and hanging all program posters and signs	2
Room Crew: responsible for cleaning common areas	1
Shower Crew: responsible for cleaning shower area	2
Wall Crew: responsible for the cleaning and preparation for all painting projects within Setlen House	4
Window Crew: responsible for cleaning all common area windows, doors, handles, and the laundry room on a daily basis	2

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